Final Report

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The role of informal community resources in supporting stable housing for young people recovering from mental illness: key issues for housing policy-makers and practitioners

authored by

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CONTENTS

LIST OF TABLES

LIST OF FIGURES

ACRONYMS

ABS	Australian Bureau of Statistics
AHURI	Australian Housing and Urban Research Institute Limited
ASIB	Australian Social Inclusion Board
DSP	Disability Support Pension
DofHA	Australian Department of Health and Ageing
DHS	Department of Human Services (Victoria)
FaHCSIA	Australian Government Department of Families, Housing, Community Services and Indigenous Affairs
HASP	Housing and Support Programs
PDRS	Psychiatric Disability Rehabilitation and Support
PHaMs	Personal Helpers and Mentors Program
SAAP	Supported Accommodation and Assistance Program
VICSERV	Psychiatric Disability Services of Victoria

EXECUTIVE SUMMARY

Aims

This is the Final Report from a project that aimed to enhance understanding of the role of informal community resources in supporting stable housing and social inclusion for young people recovering from mental illness. The project had three discrete objectives reflecting this overall aim to:

→ Identify the informal community resources, relationships and supports that facilitate the acquisition and retention of stable housing for youth in recovery.

→ Identify the various ways youth recovering from a mental illness utilise these informal resources and relationships in support of stable housing.

→ Identify ways that informal community resources might be mobilised in the design of novel housing and social inclusion initiatives for youth in recovery.

The project entailed an extensive review of the literature, followed by empirical research contrasting the sources, distribution and availability of informal community resources in three sites (Melbourne, Launceston and Hobart). We then assessed the role of informal resources in facilitating the acquisition and retention of stable housing for youth in recovery. The questions investigated over the course of the project were:

→ How do local places, relationships and resources facilitate the acquisition and retention of stable housing for youth recovering from mental illness?

→ How do youth recovering from a mental illness identify and deploy these informal resources and relationships in support of stable housing?

→ How might these resources be mobilised in the design of novel housing and social inclusion initiatives for youth recovering from a mental illness?

Research design

Our empirical research was conducted in two phases as follows. *Phase one* involved the recruitment of 38 youth (20 males: 18 females) aged between 22 and 31 (average age of 26.5 years) recovering from mental illness. Twenty-four youth were recruited in Melbourne and 14 in Tasmania. Reported mental health diagnoses included bi-polar disorder (N=18); schizophrenia/schizo-affective disorder (N=12); depression, or major depressive disorder (N=7) and Asperger Syndrome (N=1). Data collection involved qualitative and visual methods to identify the informal resources available in participants' communities to support the maintenance of stable housing and promote recovery and social inclusion. The following methods were used in each site:

1. A *mapping exercise* in which participants identified the characteristic features of their community, including places that they regarded as personally important or meaningful. This included discussion of the relationship between housing security and the experience of social inclusion for youth in recovery.

2. A *walking tour* of the various sites identified in each participant's maps. Participants were asked to elaborate on informal features of their community that support or promote stable housing and promote recovery.

3. All participants then collected *photographs* documenting their local community, including places, settings, people, relationships and activities thought to promote the acquisition and retention of stable housing.

4. Participants finally completed *a formal interview* to facilitate analysis of the role of informal resources in promoting housing, recovery and social inclusion.

Phase two involved two focus groups (one in Melbourne, one in Launceston) with housing and mental health policy-makers, practitioners and service providers. These sessions explored how the informal resources identified in phase one might be mobilised in the design of novel housing initiatives for youth in recovery.

Key research findings

Data collected in each phase greatly clarified the relationship between social inclusion and housing security for youth recovering from mental illness. Our data suggest very strongly that social inclusion and housing security proceed or grow together for youth in recovery. That is to say that as one's experience of social inclusion grows, one also tends to feel more secure and more satisfied with one's accommodation. While the existing housing research and policy literatures have tended to present secure housing as an essential prerequisite for social inclusion, our data paint a much more complicated picture, with participants talking about housing security in a range of personal, subjective and affective terms. On the basis of these reports, we would conclude that the 'lived experience' of housing security for youth in recovery is as much a function of one's community attachments—the sense that one belongs in a community, and has a range of connections to local people and places to sustain this belonging—as it is a product of the tenure and/or amenity of one's home. Importantly therefore, our data shed light on how social inclusion functions to support housing security, and why efforts to enhance young people's experience of social inclusion ought to remain a key focus of housing policy and service innovation in this country.

The key research finding is that social inclusion supports housing security for youth in recovery by opening up access to a raft of informal community resources. Indeed, we conclude that access to informal community resources is the primary mechanism by which social inclusion bolsters housing security for youth recovering from mental illness. Participants reported that greater access to informal community resources provides *social, material and affective* support for the work of enhancing or restoring one's housing security. This suggests that while the maintenance of stable housing is critical for youth in recovery, housing security also reflects the depth of one's social, peer and family ties in a community, as well as one's affective attachments to home, place and community. Consistent with our theoretical model, we identified three classes of informal community resources (social, material and affective) and their role in promoting recovery and housing security for youth in recovery.

Informal community resources: Social, material and affective dimensions

Our analysis indicates that family, social and peer networks provide access to varied informal social resources potentially useful for promoting recovery and building a sense of housing security among youth in recovery. While participants in the first research phase reported considerable disparities in the strength and diversity of their social ties, all regarded such relationships as fundamental to their ongoing recovery. Our data further indicate the importance of informal social support in the acquisition and maintenance of stable accommodation for youth in recovery. Among our participants, this included for example, help from family and friends with referrals to housing services, or assistance with the process of finding a rental property. Other participants highlighted the importance of having friends and family that one may occasionally borrow money from to help with bills, rent or other household expenses.

For many participants, social, family and peer networks were reported to be crucial sources of the varied material objects—like toasters, kitchen sets, household appliances and furnishings—required to set up and maintain a home. This is also indicative of the importance of informal material resources in the maintenance of stable housing among our participants. With almost all participants reporting to be on

fixed incomes, most reported acquiring the material objects they needed for their homes informally through social networks; local op shops and charities; with help from key support workers; at local garage sales; even objects left abandoned on the street. Such informal material transactions were reportedly central to the everyday task of setting up a home, as participants slowly acquired the things they needed to furnish a house that one might feel secure in. The informal acquisition of material objects thus facilitated housing security to the extent that participants regarded such objects as crucial to the establishment of secure, safe or comfortable accommodation.

All of this suggests, moreover, that housing security is as much a feeling—an affective achievement—as it is a material reality. Most participants spoke of their homes in a range of emotional and/or affective tones, both positive and negative, with most aligning housing security with feelings of personal safety or comfort. Hence, to feel secure at home was reported primarily to be a matter of feeling safe, confident about the future and hopeful that one's life and recovery were 'on track'. Participants spoke of the importance of cultivating these kinds of affective experiences at home as a way of enhancing feelings of security and attachment. Yet this process was also reported to extend into the wider community in places as diverse as hair-dressing salons, book shops, cemeteries, DVD libraries, cafes, shopping malls, public transport, parks and gardens. Each of these places was reported to provide diverse affective resources to support the experience of community belonging, and so enhance one's sense of housing security, understood as an affective attachment to place. Indeed, participants who reported accessing informal affective resources in a variety of local places were more likely than other participants to describe their community as safe, friendly or livable, and more likely to be 'satisfied' with their current accommodation. It follows that housing security for youth in recovery ought to be regarded as a social, material and affective achievement that depends on the informal community resources one may access locally to support this work.

Implications for housing policy and service development

Our findings indicate that the establishment of meaningful housing security for youth in recovery requires more than the provision of adequate, safe housing; it also requires a range of informal social connections and supports to promote the experience of social inclusion and community belonging. While social supports are increasingly integrated into mental health and housing programs around the country, our findings suggest there is a case for 'scaling up' these services, offering greater diversity in the range of supports available to youth in recovery to enhance social inclusion and community participation. This further suggests that assisting vulnerable youth manage the transition from homelessness to secure accommodation requires intensive support and attention to the different stages of recovery, just as it requires a keen awareness of the social, affective and material dimensions of housing security.

Accordingly, we have identified four enduring lessons for housing policy-makers and practitioners. To begin with, the most successful strategy to assist recovery and to enhance housing security for youth living with mental illness is likely provided in intensive case management, in which the housing worker establishes a relationship of trust and sensitivity to the lived experience of youth in need. Our research confirms what is well known in the field that it is often this informal sense of 'trust' which is most valued by clients using housing services.

Second, in placing youth in recovery in supported accommodation, transitional housing, or in supporting access to private rental markets, housing procurement policies need to take greater account of local amenities, access to transport and public space. In recent years, because of funding constraints and rising housing costs,

3

much of the stock available for youth in recovery tends to be in areas poorly served by essential services and with few opportunities for social inclusion. Individuals who feel vulnerable and isolated often struggle to establish a sense of home in these areas. Our research provides evidence that the transition to recovery often requires individuals to make connections with their local neighbourhood and establish a positive sense of place and community in order to develop an enduring sense of housing security.

Third, there is solid evidence from the study to suggest that housing and mental health support workers should seek to build upon the 'individual' narratives that are constructed by clients in their efforts to forge positive relationships to people and places in their communities. The analogy of a 'journey to recovery' offers a metaphorical pathway to establish a basis for trust and mutual respect. The young people who participated in the study generally reported that they found the interactions and discussions in relation to home and neighbourhood valuable and uplifting.

Finally, there are grounds to argue that housing organisations should emphasise, far more than they currently do, the informal aspects of community support and social inclusion over and above the bureaucratic reporting mechanisms that are currently in vogue. Indeed, it is likely the case that the informal pathways to social inclusion, recovery and housing security available in young people's communities are at least as important over the longer term as formal ones.

Table 1: Summary of key research findings and policy implications

Key research findings (Phase one):	Key housing policy implications (Phase two)
→ Social inclusion and housing security are linked for youth in recovery.	→ Our findings suggest the importance of better integrating and/or coordinating access to both formal and informal resources for youth recovering from mental health problems.
→ As an individual's experience of social inclusion grows, they tend to feel more secure in their housing and more satisfied with its amenity or 'liveability' (and vice versa).	→ Community-based housing and mental health services could *broker access* to informal community resources for youth in recovery, while equipping youth with additional skills for the identification and cultivation of these resources in their own communities.
→ Social inclusion promotes housing security for youth in recovery by opening up access to a raft of *informal community resources* like social capital, material items and the affective experiences that give rise to belonging, community attachment, hope and self-confidence.	→ One way of achieving this could be to involve mental health 'consumers' in the creation of peer-support and mentoring programs to foster access to local community resources.
→ Access to informal community resources provides social, material and affective support for the everyday work of enhancing or restoring housing security for youth in recovery.	→ Models like the Personal Helpers and Mentors (PHaMs) Program provide a potential vehicle for facilitating access to informal community resources among youth in recovery.
→ While for youth in recovery housing security is a function of material tenure it also reflects the depth of one's social, peer and family ties in a community, as well as one's affective attachments to home, place and community.	→ There is scope for program innovation in the community housing and psychiatric disability rehabilitation support sectors to facilitate access to informal community resources.
→ Housing security must therefore be conceived in material, subjective and affective terms.	→ A shift to individualised funding models may give youth accessing housing and psychiatric support greater scope to work with care givers to identify novel strategies for enhancing access to informal community resources in an effort to enhance housing security.
→ Our findings suggest the need to devise novel ways of enhancing young people's access to informal community resources, while ensuring that the resources youth in recovery already access are as effective as possible in facilitating their housing security.	→ More broadly, housing supports for youth in recovery should continue to explore means of enhancing social inclusion as a way of promoting housing security in this population.

1   INTRODUCTION

The links between mental illness, unstable housing and homelessness are well documented in youth populations in Australia, with recent estimates suggesting that 50–75 per cent of homeless youth have some experience of mental illness (Chamberlain et al. 2007, p.6; Pryor 2011, pp.14–17). It is further reported that around 19 per cent of Australian adolescents aged 13–17, and 27 per cent of young adults aged 18–30, will experience some kind of mental health problem, typically depression and/or anxiety disorders, over the course of their adolescence and early adulthood (McGorry et al. 2007).

Mental illness describes a range of cognitive, emotional and/or behavioural disorders that inhibit or disrupt everyday life, including emotion regulation, thought processes, behaviours and perceptions. Mental health problems are associated with significant stress, suffering and disruption for individuals and their families, which often results in poorer housing security (Nelson et al. 2005. In response, the 2009 Australian *National Mental Health Plan* endorses the integration of mental health and housing services to promote recovery and reduce the risk of homelessness for youth experiencing mental illness. Similarly, the 2009 *Victorian Mental Health Reform Strategy* proposes to improve access to stable and affordable housing and to enhance links between housing and psychosocial rehabilitation to facilitate recovery and promote social inclusion for youth living with mental illness.

Policy commitments like these likely reflect findings that young people recovering from a mental illness have a preference for independent housing (Flatau et al. 2010). Commonly, the transition from crisis and supported accommodation to independent living is regarded as a key milestone in recovery from mental illness (Nelson et al. 2005, pp.98–100). Like most young people, youth recovering from a mental illness regard the acquisition of independent housing as an important part of the transition into adulthood, while housing itself provides a secure material and social basis for the pursuit of significant life-goals such as gaining meaningful employment, finding a life-partner, establishing broad social networks and so on (Bradshaw et al. 2007). Housing thus remains integral both to the promotion and maintenance of 'good' mental health in youth populations, and to the pursuit of young people's social, personal, material and economic goals.

1.1   Mental illness, housing and social inclusion

Given the significance of housing in the management of mental health problems, and the longer term prospects of meaningful recovery, it is perhaps unsurprising that most of the existing research and policy literature focuses on the array of *formal public policy responses* likely to improve young people's access to, and retention of, stable housing (Pearson et al. 2007). The balance of existing research has sought to clarify the formal support services that youth in recovery require to secure stable housing (Peace & Kell 2001, pp.108–12). This includes the role of crisis and 'supported' accommodation such as residential rehabilitation programs; assistance accessing independent public housing; private rental subsidies; psychiatric rehabilitation support; financial management and life skills training. In each instance, researchers have considered the impact of formal services, programs and supports—like those offered by state and federal housing and welfare agencies—in promoting recovery while reducing the risk of homelessness and/or unstable housing for youth living with a mental illness (Flatau et al. 2010). There now exists a substantial research and policy literature documenting the importance of formal programs and supports in facilitating access to secure housing for youth in recovery (see FaHCSIA 2010; MHCA 2009).

Complementing this research and policy literature has been an emerging body of international research indicating that young people's transition to stable housing also requires various *informal supports* (Almedom 2005; Hulse et al. 2011; Parr 2008). This research suggests very strongly that formal supports are often not enough on their own to secure young people's housing arrangements insofar as housing security is as much a function of informal processes and supports as formal ones. Examples of informal supports implicated in housing security include the social, financial and emotional resources provided in young people's family, peer and social networks (Dalgard & Tambs 1997); the benefits associated with participation in voluntary and community associations like sporting clubs, church and spiritual organisations, cultural bodies and service organisations (Carpiano 2006); participation in social networking and other online forums (Barratt & Lenton 2010); and the various personal and emotional benefits associated with 'place attachment' and belonging (Easthope 2004).

In each instance, researchers have documented the significance of informal resources and relationships in promoting recovery for young people experiencing mental health problems. It is also evident that these informal resources can help augment the effectiveness of formal housing services and supports in order to further enhance the security of young people's housing arrangements. This is primarily achieved through the support that informal resources provide for the development of place attachments and/or community belonging among youth in recovery. Research further indicates that housing security over the longer term is a function both of formal security of tenure, as well as the development of informal ties and place relationships whereby youth in recovery come to develop enduring attachments to place (Hulse et al. 2011). Place attachment is an important part of the development of community which is routinely shown to be vital to the stability of young people's housing careers.

A productive way of thinking about the importance of informal community resources, both in terms of young people's recovery from mental health problems and their ongoing housing security, is provided in the recent literature on social inclusion. This literature is central to the present study inasmuch as it provides a conceptual basis for empirically examining the links between place, community, access to informal resources, recovery, health, wellbeing and housing. These are no doubt complicated, compounding relationships, and yet the complexity of these links well reflects the kinds of concentrated disadvantage that young people experiencing mental health problems typically endure. However, it is critically important to resist the assumption that youth living with mental illness are socially excluded as a simple function of their health status (see Tucker 2010).

International research confirms that youth in recovery have diverse experiences of both social exclusion and social inclusion, even though the bulk of the published literature has focused on their experience of social exclusion (Boardman et al. 2010). This oversight is in the process of being corrected as researchers and policy-makers turn their attention to the importance of community participation and social inclusion for young people living with a mental illness. Such belated recognition is largely the result of studies indicating the importance of specific (informal) resources available in the community to facilitate young people's 'recovery work' (see Boyd et al. 2008). We certainly do not ignore the risk of social exclusion experienced by youth living with a mental illness, including the risk of exclusion from post-secondary education; meaningful employment; social, peer and intimate relationships; and participation in voluntary associations (Boardman 2010, pp.22–5). The present study is nonetheless interested in the ways that a greater focus on the mechanics of social inclusion, particularly the ways in which social inclusion proceeds as part of everyday life, may open up new ways of thinking about supporting youth to make the transition to independent housing and to maintain this housing security over time.

By way of introduction to the present study, the existing literature on social inclusion among youth experiencing mental health problems suggests that greater social inclusion is associated with improved economic and social participation, including in education and paid employment, as well as improved health outcomes. There is also emerging evidence to suggest that greater social inclusion is associated with enhanced housing security for youth in recovery, to the extent that social inclusion opens up access to specific informal community resources essential to the experience of place attachment and community belonging. A fuller account of this evidence is provided in the Positioning Paper published as the first output from this project.

1.2   Aim and research questions

As stated in the Positioning Paper, the overall aim of the project is to enhance our understanding of the role of informal community resources in supporting independent housing and social inclusion for young people recovering from mental illness. To achieve this aim, the specific research objectives are to:

→ Identify the informal community resources, relationships and supports that facilitate the acquisition and retention of stable housing for youth in recovery.

→ Identify the various ways youth recovering from a mental illness utilise these informal resources and relationships in support of stable housing.

→ Identify ways that these resources might be mobilised in the design of novel housing and social inclusion initiatives for youth in recovery.

Consistent with these aims, the primary research questions are:

→ How do local places, relationships, resources or supports facilitate the acquisition and retention of stable housing for youth in recovery?

→ How do youth recovering from a mental illness identify and deploy these informal resources and relationships in support of stable housing?

→ How might these resources be mobilised in the design of novel housing and social inclusion initiatives for youth recovering from a mental illness?

1.3   Structure of the Final Report

Chapter 2 provides a brief overview of the framework we developed to guide the empirical research, based on our review of the available international research literature (documented in the published Positioning Paper). Chapter 3 builds on this conceptual framework by detailing the research design that guided the empirical research including aims, objectives, methods and procedures, ethical considerations, analytical techniques and data management strategies. Chapters 4, 5, 6 and 7 provide a full summary of the findings derived from the first phase of data collection among youth living with mental health problems. Chapter 4 provides a broad introduction to the experience and meaning of home, social inclusion, community and social inclusion for our participants. The three subsequent chapters focus on informal community resources and their role in promoting recovery and facilitating housing security among youth living with a mental illness (social, material and affective resources in Chapters 5, 6 and 7 respectively). Chapter 8 turns to the second research phase, providing a detailed discussion of the policy implications of findings gathered in the first phase, drawing on the expert focus groups conducted as part of this study with housing policy-makers in Melbourne and Launceston. This chapter also provides a more formal conclusion including a set of policy recommendations derived from our study, along with suggestions for further research.

2 SOCIAL INCLUSION, HOUSING AND RECOVERY: CONCEPTUAL FRAMEWORK

2.1 The links between place, social inclusion, recovery and housing security for youth experiencing mental illness

The significance of social inclusion and community participation in promoting young people's recovery from mental illness is now well established in the contemporary research and policy literature (see Wong & Soloman 2002; Boyd et al. 2008). Even so, there remains much debate regarding the specific ways that community integration and social inclusion facilitate recovery, and how these mechanisms may differ from population to population, and place to place. It is equally uncertain how social inclusion may practically and/or materially support young people's housing security, particularly youth experience compounding social and economic disadvantage (see Hulse et al. 2011, pp.14–16). Evidence establishing a plausible link between social inclusion, community participation, recovery, health and housing security must be collated from a variety of theoretical and empirical sources. This chapter briefly summarises the evidence regarding the role of social inclusion in promoting recovery and enhancing housing security among youth living with mental health problems. We then draw from this evidence to develop a theoretical framework to guide the empirical research conducted as part of this project (outlined in Chapters 4–7 below). The theoretical framework devised for this study establishes an empirically testable hypothesis of the links between social inclusion, recovery and housing security.

2.1.1 Key challenges

The first challenge we encountered in developing a conceptual frame to guide our empirical research concerned the need to characterise the nature of place, the 'social' and/or community such that we could operationalise the notion of social inclusion in our empirical research. Without seeking to engage debates regarding the differences between 'community' and 'social', for our purposes, we understand social inclusion to convey the extent of social, economic and political *participation and engagement* in community life. This has material, social and symbolic dimensions. Participation as it is conventionally understood entails a measure of an individual's involvement in the structured activities that shape social and economic life. This includes, for example, paid employment, participation in education and training activities, and involvement in voluntary associations (see Portes 1998). Participation also has informal, social dimensions which denote interactions among community members both within and outside one's immediate peer, family and social networks. Finally, discussions of community participation often entail a symbolic dimension to capture the sense of attachment or *belonging* to the community, and the various sites and places within it that generate feelings of self and place identity (see Manzo 2005; Duff 2010b).

In the Positioning Paper we carefully scrutinised the evidence regarding the links between social inclusion, place-attachment, the experience of social connection and enhanced physical and mental health for young people recovering from a mental illness (Boyd et al. 2008; Kawachi & Berkman 2001; Pryor 2011). This work indicates in general terms that young people derive various formal and informal resources from social and/or community inclusion which may then be utilised in pursuit of goals and activities related to one's health status. This includes access to essential formal material resources like health care and income support, as well as varied informal resources necessary for the promotion and maintenance of health and wellbeing. Given the weight of research evidence concerning the importance of formal resources, our primary goal has been to clarify the role of informal community

resources in moderating social inclusion, promoting recovery, and enhancing housing security for youth living with a mental illness. In relation to these informal community resources, we noted in our Positioning Paper the extent to which increased attachment to place and community has been shown to yield a variety of resources that support specific mental health-related goals and activities. This includes opportunities for 'bridging' social networks and further extending social ties (Kawachi & Berkman 2001); for personal reflection and the promotion of belonging and personal security (Hidalgo & Hernandez 2001); increased opportunities for leisure, aesthetic and/or recreational pursuits (Cattell et al. 2008); as well as relaxation and mental 'restoration' including the relief of stress and anxiety (Korpela et al. 2008).

These kinds of research findings dovetail neatly with recent studies of neighbourhood experience, concentrations of economic and social disadvantage, and the array of housing supports needed for successful community integration for youth recovering from a mental illness (see Boyd et al. 2008). Each such study provides further indications of the role of informal community resources in promoting social inclusion and facilitating recovery from mental illness for adolescents and youth. Indeed, our assessment of the available evidence indicates that community integration, social inclusion and 'place-attachments' are critical to young people's recovery from mental illness, inasmuch as specific community places furnish an array of informal *material, social and affective* resources to support the everyday 'work' of recovery (Kawachi & Berkman 2001; Parr 2008; Stockdale et al. 2007). This also helps to explain how increased community participation and greater social inclusion can promote stable housing outcomes for young people recovering from mental illness. At the level of research hypothesis, we would contend that social inclusion promotes stable housing outcomes to the extent that social inclusion promotes increased access to varied informal community resources essential to the maintenance and ongoing stability of young people's housing arrangements. On this basis, we have devised a conceptual model of the specific health related resources available in discrete community settings and the wider significance of person-environment interactions in promoting recovery and facilitating stable housing for youth in recovery.

This model purports to explain the links between social inclusion, housing security and young people's recovery from mental illness, primarily through the introduction of the notion of informal community resources. Drawing from diverse literatures, we propose three classes of informal community resources—social, material and affective. Examples of these 'enabling' resources include the social, financial and emotional resources provided in young people's family, peer and social networks; as well as the benefits associated with participation in sporting clubs, church, cultural and community groups. We argue that the analysis of these resources provides insights into the ways that communities support or facilitate recovery for young people living with a mental illness, while promoting social inclusion and enhancing housing security. We will briefly describe each of the three classes of informal community resources central to the project design before turning to consider our research findings.

2.2   Social resources

Social resources describe the varied processes and interactions—the relational, affective, emotional and cognitive skills and assets—which support the creation and maintenance of social networks. Social resources thus describe the means and processes by which social ties are cultivated and maintained. The most significant theoretical reference here is the notion of social capital, and the related ideas of trust and reciprocity (Portes 1998). Social capital as it is conventionally understood comprises the myriad bonds of trust, reciprocity and cooperation that characterise social life. The construct attempts to conceptualise the impact of social networks

through the study of the social, affective and material resources on which they draw. These resources enable and extend the array of 'coordinated actions' realisable within particular places. While the specific resources that individuals derive from their networks remain diverse, one's overall stock of social capital is fundamentally linked to the size, number and diversity of one's network connections, and the ways one can leverage these social ties through the use of other forms of financial, intellectual, cultural and/or symbolic capital. Like these other forms of capital, social capital 'flows' through networks in a series of transactions and exchanges both formal and informal. As such, social capital is a fluid and potentially transferable resource useful for the realisation of various goals, actions and behaviours, including specific health related goals (Hawe & Shiell 2000). Examples of social capital range from informational resources including job referrals, health care tips, relationship counseling and social networking, through to material resources such as informal access to loans, bartering and other non-market-based forms of exchange (Almedom 2005; Boyd et al. 2008).

Within the present project, application of the notion of social resources to analysis of the links between social inclusion, housing and recovery in youth populations is intended to call attention to the *positive relationship* between social interaction and health. While social capital may be associated with a range of 'risky' activities, such as gang involvement, organised crime or drug dealing (Portes 1998), the notion of social resources as it has been employed in the field work emphasises the role of social networks in the mitigation of health inequalities and the promotion of 'normative' health related activities. Informal social resources, understood in this more positive sense, serve as a *protective buffer* against diverse mental health problems, in that the greater one's social networks, the greater one's 'store' of social capital and associated resources is likely to be.

Research suggests that social networks are positively associated with varied *health promoting* resources, which limit the incidence and severity of mental health-related vulnerabilities in youth populations (Boyd et al. 2008). Kawachi and Berkman (2001, pp.459–62) argue that social ties can promote mental health and facilitate recovery in two main ways. First, social ties can promote specific mental health-related activities like regular exercise, the moderation of alcohol consumption, the cessation of tobacco use, healthy diet and 'normative' attitudes regarding the promotion of good mental health. Second, social ties can improve mental health by reinforcing 'positive psychological states including a sense of purpose, belonging and security, as well as recognition of self worth' (Kawachi & Berkman 2001, p.459).

Social capital, and the social ties that sustain it, thus promote young people's mental health by providing an array of discrete resources that promote various mental health-related activities, relations and processes. These same resources are also implicated in the promotion of recovery from mental health problems (see Cohen et al. 2000). Social ties provide a network of support to buffer mental health-related stressors and promote psychological wellbeing, while providing specific social, material and informational resources that can help youth to cope with mental health problems.

Such ties have also been shown to be critical in helping young people to manage many of the symptoms associated with mental illness, including increased compliance with pharmacotherapies (Curtis 2010); increased help-seeking behaviour (Rickwood et al. 2005); improved mental health literacy in relation to the nature of mental health-related problems (Boardman et al. 2010); as well as motivation and support for the ongoing work of recovery and wellbeing (Irwin et al. 2008). Our study is designed to test the extent to which these same resources and processes are involved in the acquisition and maintenance of secure housing for youth in recovery.

2.3   Material resources

Material resources concern the diverse objects, assets and resources that circulate in and through local informal economic and social networks, as well as the material affordances that local community settings make possible. Examples of the former include the myriad informal benefits, objects and resources that circulate in relations of bartering, gifting and exchange in local networks (Tawil et al. 1997). These informal material resources can be important in facilitating the work of recovery and mental health promotion (Duff 2010a). Yet material resources should also be taken to include the specific mental health-related activities and relations that particular places afford or make possible in their very material structure. This might be as simple as the relaxation afforded in a local park, to the bridging of social networks afforded in a local café or train station, to the more specific recovery work afforded in a local mental health peer support fellowship.

Community settings play a potentially critical role in promoting recovery and social inclusion to the extent that they provide material environments to support the everyday work of recovery. Informal material resources thus include the varied assets and objects that circulate in and through local social networks, as well as the material affordances that local community settings make possible. Taken together, informal material resources support an array of local health promoting, or therapeutic processes, relevant to the experience of social inclusion, recovery and housing for young people living with a mental illness (Duff 2010a).

Within the present study, the emphasis placed on material resources is intended to convey something of the way that social networks provide material support for the everyday work of recovery and housing security. This may be as simple as the opportunity to borrow a sum of money from a friend to ensure that one's rent or utility bill is paid; or the opportunity to acquire through one's networks the material goods required to set up a household, such as a toaster, or an unwanted piece of furniture.

Yet the idea of informal material resources is also intended to highlight the ways a young person's 'place relationships' may afford opportunities for the development of various stress buffering supports and/or the promotion of mental health-related activities (Kytta 2002). For example, specific community sites may be shown to afford *material opportunities* for mental health promotion by facilitating the acquisition of specific skills and competencies necessary to sustain mental health and wellbeing. This includes, for example, the ways in which young people seek out places that afford interactions with peers, friends and strangers, potentially facilitating the bridging and extending of social networks; places that afford entertainment, physical activity, respite and solitude; security, reflection and contemplation; intimacy with close friends; personal expression and so on (see Clark & Uzzell 2002).

In each instance, the community plays a potentially critical role in promoting recovery and mental health promotion to the extent that it provides material and physical environments to support the everyday work of recovery. These kinds of material affordances are equally important in promoting the security and stability of young people's housing by providing opportunities to strengthen young people's place attachments and their broader community identifications. This points to the fact that material dimensions of place attachment and community participation are central to the experience of both social inclusion and housing security for youth in recovery.

2.4   Affective resources

The notion of affective resources captures something of the resonant 'feeling' of place alluded to in notions of place attachment and community belonging (Parr 2008).

Importantly, affective resources like hope and optimism are generated both in the physical and/or material experience of place, and in the social and relational aspects of these experiences (Thrift 2004). Such analysis helps to clarify the experiential and affective significance of social inclusion by pointing to the significance of the *feeling of belonging* and attachment to place. It suggests that community places are potentially rich sources of affective resources vital to the everyday work of recovery (Allott et al. 2002; Tucker 2010). Affective resources emerge in diverse encounters in place, shaping one's moods and feelings, just as they transform one's capacity to act in relation to one's health now and in the future. Indeed, it is in framing this capacity to act that affective resources take on an enabling, therapeutic quality.

The literature suggests that one of the most important 'place-based' affective resources implicated in young people's experience of recovery is the affective experience of place attachment and/or community belonging. In simple terms, the greater one's experience of community belonging, the greater the store of affective resources one may draw from to support the everyday work of recovering from mental health problems (Conradson 2005). For the purpose of this project, place attachment is regarded as a psychological and/or affective disposition involving particular responses to the material character of individual places, and the history of social relations experienced in that place. High place attachment may be understood as a product of strong affective responses to the character and amenity of a particular place, as well as enduring memories and affective attachments to the people and social encounters supported in that place. Such attachments generate 'rootedness' in place and community in terms of one's personal identifications, and 'involvement' with community in terms of the breadth of one's social networks in place and the history and emotional tenor of this community participation (Taylor et al. pp.528–30).

Yet place attachments are more than simple emotional and/or affective bonds, for they can also be the foundation for discrete mental health-related benefits (Kaplan & Kaplan 1989). The research on 'restorative experiences' suggests that select places promote mental health by reducing stress; moderating mood and emotional balance; restoring 'directed attention' and reducing fatigue; and by boosting 'positive' affects like joy, hope and wonder, while reducing 'negative' affects like anger, frustration and irritability (Korpela et al. 2001; Korpela & Ylen 2009). Again, the focus of our original empirical research was to assess the extent to which these same processes may be involved in mediating young people's housing security.

2.5   On to the empirical research

The model of informal community resources presented in this chapter has furnished the necessary conceptual framework to guide our investigation of the ways young people's communities—understood in relation both to community belonging and place attachment—potentially avail informal resources to promote housing security for youth in recovery. Our review indicates that increased community participation opens up young people's access to social, material and affective resources—resources which the extant evidence suggests are intimately involved in the process of recovery, stress reduction and mental health promotion. It is arguable that these same informal resources are important factors in determining young people's housing security and the relative tenure of their accommodation arrangements. Just as informal community resources provide important support for the everyday work of recovery, these same resources can be shown to reinforce a young person's sense of community belonging and place attachments in ways that actively support their long-term housing security.

The literature on housing and vulnerable youth indicates that young people's place attachments and community identifications play an important role in determining the

security of their housing arrangements, while moderating the risk of homelessness. Critically, the model of informal community resources presented in this chapter sets out a clear logic to explain how these community and place relationships are established and cultivated. In the next chapter, we outline the methods that we used to address these varied processes in the empirical component of our project.

3   STUDY APPROACH

The brief review of the available evidence presented in the last chapter confirms that research regarding the links between informal community resources and the promotion of stable housing outcomes for youth recovering from a mental illness remains under-developed. There is urgent need for detailed enquiry regarding the nature and distribution of the various informal resources available in local community settings to support young people's recovery and the security of their housing arrangements. The specific factors associated with enduring community integration for youth experiencing mental illness—and the subsequent development of belonging and place attachments—are especially ambiguous. Greater understanding of these factors should help clarify how the informal resources generated through increased social inclusion can be mobilised to support the acquisition and retention of stable housing for youth in recovery. This kind of research is especially timely in light of recent calls for greater attention to place-based housing policy models (ASIB 2011).

Reflecting these kinds of challenges, our own empirical research sought to identify the informal resources that local community settings provide to promote stable housing outcomes, to support recovery and to foster social inclusion and community participation for youth living with a mental illness. In undertaking such research our broader policy goal was to contribute to existing debates regarding the ways that informal community resources might be mobilised in the design of innovative housing supports for young people experiencing mental illness, while further clarifying the role of places and communities in facilitating recovery.

Another significant goal was to help foster a better understanding of the causal mechanisms that underpin the therapeutic utility of local places in young people's communities. Our sense is that problems like these have significant implications for the treatment of mental health problems in youth populations, especially following discharge from clinical care. They are likely to be equally significant in the development of novel housing support strategies for youth.

3.1   Research purpose

As noted in Chapter 1, our empirical research aimed to compare and contrast the sources, distribution and availability of informal community resources in three locales (Melbourne, Hobart and Launceston). Consistent with the research aims identified in Section 1.2 above, we completed two research phases (see below) with research conducted in Melbourne, Hobart and Launceston to enable the collection of data in diverse housing and community contexts. Melbourne, Hobart and Launceston proved to be ideal sites for our study given differences in each site in the orientation of existing housing and mental health services for youth recovering from a mental illness. Field work in each site was tailored to enable the analysis of the kinds of informal community resources available in large metropolitan settings compared with smaller regional sites.

3.2   Methods and procedures

Given the gaps in the literature on housing, social inclusion and recovery noted above, our empirical research was necessarily exploratory in nature. This called for the development of a research design sensitive to the links between the community, recovery and housing for youth experiencing mental illness. It was especially important for us to identify research methods for the identification and analysis of informal community resources, and the ways in which youth actually use (or draw on) these resources to facilitate the work of maintaining stable housing. With these

challenges in mind, we employed innovative qualitative methods to capture participant's experience of recovery, community and housing. These methods included observational, interview and photographic methods to document local communities and to describe the experience of recovery among our participants.

Given the inductive character of our study, we adopted Creswell's (2003) 'sequential exploratory strategy', whereby data was gathered in iterative phases with each completed phase informing subsequent phases. Consistent with Creswell's model, research activities moved from general, exploratory research to more refined data collection in later phases. Importantly, this approach allowed for a high degree of flexibility as we used early research phases to explore and unpack key conceptual ideas central to our research design—like 'place' and 'community', 'social inclusion' and 'recovery', 'home' and 'security'—which each remain highly ambiguous in the extant literature.

In our experience conducting research with vulnerable youth populations, contestation over key terms and concepts like recovery and security often emerges as a key research finding (see Duff 2010a, 2010b). Hence, we wanted to devise a research design that would allow us to capture the complexity of meaning—and the complexity of processes of meaning-making—rather than stifle or ignore these processes among our participants. It is for this reason that we elected for a mix of innovative qualitative and visual research methods. In an attempt to minimise the challenges often confronted in the use of mixed methods, we employed Yin's (2006) data integration model to facilitate data collection, analysis and reporting. Accordingly, we integrated all methods across research questions, units of analysis, sampling, procedures and analytic strategies. Another feature of Yin's model is the equal weighting accorded to all research data, including non-traditional data like visual media, alongside more traditional 'talk' or interview data. Following is a description of the various methods used in each study phase.

Phase one featured the recruitment of youth and young adults aged 18–30 and recovering from a diagnosed mental illness. Note that we sought to recruit youth and slightly older 'young adults' in order to trace the significance of key transitions in young people's housing careers, particularly the transition from 'home' or family-based accommodation to more independent 'out of home' living. We would argue that more common demographic definitions of youth and young adults (typical definitions stipulate an age range of 16–24 years) fail to capture the character of the transition into adulthood for youth living with a mental illness. Indeed, research has long indicated that the pathways into adulthood for youth experiencing mental health problems differ significantly from other youth (see Boyd et al. 2008; Rowling 2006).

Setting an upper inclusion limit of 30 years of age enabled us to explore a broader range of topics relevant to our research aims. We should also make a quick note of our decision to permit individuals to 'self-identify' as being in recovery rather than seek some independent and/or clinical verification of this status. In part, this decision reflects recent difficulties establishing formal clinical criteria for determining or identifying those in recovery from a mental illness (see Bradshaw et al. 2007). Yet our decision to avoid clinical verification was also intended to protect the privacy and confidentiality of prospective participants inasmuch as settling for self-identification meant that we would not require access to participant's private health records. Besides, the reliance on 'self-identification' as the basis for recruiting youth in recovery is increasingly common in youth mental health studies (see Boyd et al. 2008).

We aimed to recruit up to 20 youth in each site (N=40 in total), including homeless youth, youth residing in supported accommodation and youth living independently.

Given our focus on the links between access to informal community resources and the acquisition and retention of *stable housing*, recruitment efforts emphasised youth currently residing in supported accommodation and youth living independently. We required prospective participants to have lived in the study area for at least six months prior to their enrolment in the study to enable more refined analysis of the character and distribution of informal community resources in each site. All field research completed in Phase one was conducted using the following methods in each site:

1. The study first involved a *mapping exercise* based on techniques described by Samuel Dennis and colleagues (Dennis et al. 2009). All participants were asked to prepare an improvised map of their local community, noting the specific relationship between housing and the experience of community. This included the identification of places, settings, people, relationships and resources that were thought to facilitate the experience of belonging and security in housing.

2. The study then featured a *walking tour* of the various sites identified in each participant's maps, based on the 'go-along' method described by Richard Carpiano (2009). Participants were asked *in situ* to elaborate on informal features of their community that support stable housing and promote recovery.

3. All participants were then invited to compile a *photo-journal* based on the 'photovoice' method described by Wang and Burris (1997), documenting their local community, including places, settings, people, relationships and activities that are thought to promote the acquisition and retention of stable housing. Participants were given two weeks to assemble their journal.

4. Participants finally completed *a formal interview* to discuss each earlier research activity (and the data generated therein) to facilitate analysis of the role of informal resources in promoting housing, recovery and social inclusion.

Phase two involved two focus groups (one in Melbourne and one in Launceston) with housing and mental health policy-makers, practitioners and service providers. The Focus Group in Melbourne featured eight individuals representing FaHCSIA, the Victorian DHS, MIND Australia, the Mental Illness Fellowship of Victoria and Hanover Welfare Services. In Launceston, four participants from Centacare, Richmond House and Youth Futures contributed to the discussion. Sessions in each site explored the extent to which the informal community resources described in the first research phase may be mobilised in the design of novel housing initiatives for youth in recovery.

The focus groups also addressed the extent to which informal community resources may be integrated into formal service delivery in ways that draw out potential synergies between formal and informal resource support for youth experiencing housing problems. More broadly, the focus groups were each designed to further assess the importance of the notion of 'social inclusion' for policy-makers and service providers involved in the design and delivery of specialised housing services for young people recovering from mental health problems. All focus group discussions were digitally recorded and later transcribed to facilitate data analysis and reporting.

3.3 Sampling and recruitment

Ethical approval to conduct this research was provided by Monash University's Human Research Ethics Committee. Subsequent approval was also provided at the University of Tasmania. In Melbourne, participants were recruited from services operated by MIND Australia, as well as Orygen Youth Health. In Hobart, participants were recruited from Colony 47, Anglicare, St Vincent de Paul, Bethlehem House and the Mental Health Council of Tasmania. Further support was provided in Launceston

from staff at Centacare and the Richmond Fellowship. A small number of participants were recruited in each site following referrals from primary research participants. The help of such a wide range of community-based mental health, welfare and/or housing agencies facilitated participant recruitment from a range of socio-economic communities. Data collection for phase one commenced in November 2011 and extended through to May, 2012, while phase two was completed in late June, 2012.

3.4   Analysis

Data sources were integrated according to the steps described by Yin (2006) and Woolley (2009). The resulting dataset was then analysed using a series of techniques drawn from Adele Clarke's (2005) 'situational analysis'. Situational analysis is a comprehensive model of social science inquiry that has emerged from earlier iterations of 'grounded theory' (see Creswell 2003, pp.62–66). Situational analysis has many methodological features in common with grounded theory; however it differs insofar as it proposes to make the 'whole situation', comprising varied social, material, political and economic contexts central to the research process. Whereas grounded theory typically focuses on social action—what people do, when and why—situational analysis emphasises the context or 'situation' in which action emerges (Clarke 2005). Situational analysis also goes beyond human actions to encompass the range of material and social determinants of human behaviour. Given our interest in place, community and social inclusion, Clarke's situational analysis provided an ideal set of tools for examining the links between community participation, place attachment, social inclusion and 'home'. Situational analysis permitted more sensitive treatment of each participant's reports of these informal resources, while leaving open the possibility of fresh theoretical insights and novel theory development.

More directly, analysis of our observational data, visual material and interview transcripts involved open, axial and selective coding to identify and explore the various dimensions of recovery described by participants, and the role of place and informal resources in the experience (or absence) of housing security. This included 'constant, comparative' analysis (Liamputtong & Ezzy 2005) of regularities, variations and contrasts in the data to test and confirm emerging insights regarding the characterisation of recovery and the role of place and informal resources in the emergence of housing stability. Each of these strategies led to more refined analyses as codes and themes were slowly established and key findings elaborated.

4 THE MEANING OF 'RECOVERY', 'SOCIAL INCLUSION', 'HOME' AND 'SECURITY'

4.1 Sampling and demographics

The first research phase involved the recruitment of 38 participants across Melbourne (N=24) and Tasmania (N=14) aged between 22 and 31 years (average age of 26.5 years). Twenty males participated in this first phase and 18 females. We have elected to only partially report demographic data to further safeguard the confidentiality of our participants. With relatively small sample sizes in each site, the reporting of detailed demographic material may lead to the identification of some participants, particularly in light of the detailed qualitative data reported below. Across the sample, reported mental health diagnoses included bi-polar disorder (N=18); schizophrenia and/or schizo-affective disorder (N=12); depression (N=7) and Asperger Syndrome (N=1). In Melbourne, participants reported to be living in either supported accommodation (N=9), independent living (N=7) or living with family (N=8). In Tasmania, participants reported to be either living in supported accommodation (N=12) or with family (N=2).

4.2 Findings

The challenge in presenting findings derived from such a complex dataset is to untangle the array of concepts, ideas and attitudes that emerged in response to the key research themes of 'home', recovery, social inclusion, community, resources and support. Hence, before we turn in subsequent chapters to examine data collected in relation to each of these three classes of informal resources introduced in Chapter 2, it is important that we first convey the complex relationships that were found to obtain between home, security, social inclusion, community belonging, recovery and health.

In making sense of our data it is critical that we describe something of the way participants regarded the experience of *recovery, home, security and community* as collective 'works in progress'. Participants spoke at length of the daily struggles involved in the effort to sustain recovery. We discovered that recovery, home, security and community are deeply interconnected, inasmuch as participants spoke of working on their recovery—their health and wellbeing—by working each day to stay well, and to build a sense of home and community. It is important for this reason that we clarify how our participants described recovery, social inclusion and housing security before we turn to consider the data we collected indicating how informal community resources may support or facilitate such outcomes.

4.2.1 Conceptualisations of recovery

Most participants spoke of recovery as a 'journey' or a 'process'; a 'way of life' or a 'mindset'. In probing more deeply, all participants agreed that recovery from mental health problems is not the same thing as a cure or remission. Summing up the views of many, one participant in Melbourne said:

> I mean I know that I am not going to wake up one morning and go: 'Oh I am all better now, what a relief'. I have schizophrenia and I guess I will probably always have it. But I know that this doesn't mean that I am always going to be sick and that's really what matters right?! I am recovering from schizophrenia and this means that I just try and take each day as it comes. I really try and make each day as good as it possibly can be.

Another participant in Tasmania added that:

I believe you can recover to a point. I'll never lose my voices (symptoms of schizophrenia), I know that. You can never get completely rid of them, but you can live what you could call a normal life a little bit more.

These two citations sum up the view common to our participants that while one was never likely to be cured of one's mental illness, one could still aspire to recover in ways that allowed one to live a more 'normal life'. This differentiation of 'cure' and 'recovery' is critically important as it alludes to a kind of 'demedicalisation' of mental illness, away from a predominant focus on symptoms, diagnoses, medication and clinical treatment, in favour of greater attention to the *quality of life* and the ways this quality may be enhanced. Crucial to this distinction among participants was the idea that one could live a normal life, a healthy life, despite the occasional experience of symptoms associated with mental illness. It is perhaps for this reason that so many participants spoke of their own recovery in terms of the 'journey' or the 'process' of trying to live well from day to day. Other participants emphasised the importance of retaining some sense of control over their own health and wellbeing. In Melbourne, Jane[1] described her recovery in terms of independence and purpose:

For me, well for my recovery, it's just about being able to stand on your own feet. You know being independent and being able to be comfortable with who you are, not feeling that constant anxiety or constant awful feelings. Recovery I think is really about being able to just enjoy the things in life and go for the things you want to do in life as much as any other person would.

Almost all participants acknowledged the importance of medication in managing the symptoms associated with mental illness, and the support that good clinical care offered. Still, the vast majority of participants described recovery as a kind of project or work that one has to undertake on one's own, for one's self, for one's own good. Doug in Melbourne made the point as follows:

Well ultimately no one else can really help can they? No one can get inside your head and fix it for you so you really have to do it yourself. Sure, good meds help; sure, good doctors are great if you can find one and it's really important if you can get help from your family or old friends you know. But really you have to decide for yourself that you want to start living your life differently. I guess for me I just got so sick of having bad days so it was really just about trying to turn that around, to start living a bit better I guess.

Jackie in Tasmania added that:

I feel like I've kind of really driven my own recovery in myself, which is what I think people have to do in the final instance, is say I've got this help, I've got these places, this treatment, and so on, but no one's going to get me out of bed in the morning, no one's going to get me to wash up my dishes, no one's going to get me to whatever, you know, apply for a job, go to this training course after the first week, whatever … it's all about just gritting your teeth and getting up in the morning and just saying that everyone else has got to do this (live their life), I've got to do this too.

Generally speaking, participants spoke of their recovery as having started once they had given up the idea of a cure and the hope of a life completely free of mental illness. Tom described this realisation in terms of 'a rebirth or like renewal of yourself [pause] like starting over in a way'. Indeed, a number of participants used the language of

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[1] Note that all participants were invited to nominate their own pseudonym or 'nickname' in the interest of preserving their anonymity in the presentation of research findings. We have used these nicknames below in all direct references to individual interview transcripts.

'starting over' to describe their recovery. In each instance, the intention seemed to be to mark some distance between the acute experience of mental illness, including hospitalisations if participants had experienced this (which many indicated that they had), and the later turn to the everyday task of working on one's recovery. 'Starting over' seemed to convey something of the effort involved in moving from the idea of 'being' mentally ill, to the everyday experience of recovering from such illness.

All of this points to the highly personal and subjective character of recovery from mental illness. Once the idea of cure is abandoned, the idea of a single pathway or strategy for achieving recovery must seemingly be abandoned too. Participants were very adamant on this point, noting almost universally that recovery must be lived as part of everyday life. Perhaps the most important aspect of this daily work was reported to be the need to try and maintain hope and confidence for the future. The significance of hope was nicely illustrated in a photograph taken by Bianca of a tree that had been cut down near her home. She added that:

> Definitely sometimes being sick feels like this tree, like you have just been cut down in your prime or something. Even if you think that sometimes your life is over and you are down on the ground, it doesn't mean that it is over, because—like this tree—something is always growing back. So you have to try and stay hopeful about getting better, like something can still grow.

Participants further reported the importance of discovering ways to maintain hope in and for their recovery. For many, the most important sources of hope and confidence for the future were found in enduring social and family bonds. Yet all participants spoke of the importance of families and friends in terms of feeling part of a community; the feeling that they did not have to fight their illness alone.

4.2.2 The role of social inclusion in recovery

There is now a great deal of research evidence confirming the significance of social inclusion in young people's recovery from mental illness. It is arguable however, that the bulk of the existing literature has emphasised the importance of education, employment and training in facilitating young people's social inclusion, at the expense of a proper reckoning of the significance of informal social connections. While a small number of our participants (N=3) reported having some part-time paid employment, the vast majority were not employed, nor were they formally enrolled in an education or training program. On this basis it might be tempting to describe our participants as socially excluded, and yet all that this would achieve would be further reinforcement of a fairly one-dimensional view of social inclusion. While of course, employment, education and training are each critically important 'drivers' of social inclusion in youth communities, our participants spoke of social inclusion in far more informal ways.

All of our participants, one way or another, made the point that social inclusion is a project or a process, much like recovery itself, which one must work at every day. The key idea seemed to be the view that community and social networks have to be cultivated continuously, in that one must foster a sense of community in ways that create opportunities for social inclusion. The following exchange in an interview with Jack conducted in Melbourne sums up the point nicely.

> I[2]: So you feel that the local DVD store has become a place for you that feels like a community, or that feels like a social place for you?

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[2] Note throughout that we will use the abbreviations 'I' for interviewer and 'P' for participant with quoting exchanges from the interview data.

P: Oh yeah for sure. Like I was saying before that I watch a lot of movies and like the problem in other places that I have lived is that it's either been too noisy a lot of the time to watch a movie, or you know there have been other people around who have taken off with movies I have rented and not returned them. So I have ended up with massive fines and you're like 'well I guess I just won't go back to that shop again' or something. But now that I have my own place, it's better and I don't have to worry about it anymore.

I: So you go to this new store often?

P: Yeah probably like a couple of times a week I reckon and like now I know two or three of the regulars who work there and we chat about movies all the time. There's one guy who works there on Tuesday and Wednesday nights when you can get cheaper deals with movies, and like now we just have these big chats [about] movies too, and he's always recommending movies for me. Yeah, so I'll rent a couple of things that he's recommended and then the next time I go in and see him we'll talk about them and whether I liked them or not. I think we basically like the same kinds of films so it's really great. Yeah, he's cool, he lets me have the posters for the movies I like when they come down from the window. You know the advertising posters?

I: Yep.

P: Yeah, so if I like a film I'll ask him if I can have the poster once it's come down and then I take it home and put it up in the house somewhere. Yeah, so he's a top bloke, we chat all the time and it just always feels like a nice thing to do to go down, get out a movie, have a chat, and then come home feeling good, looking forward to watching some new movies.

Another participant, Robert, spoke in a similar fashion about a local cafe that he frequented, which he also photographed as one of his favourite community places.

Figure 1: A local favourite

I sit here [café] and just have coffee. First coming here, it was really instrumental for me in restoring my ability to socialise with people. I'd meet people regularly who would come every time the same time and you build up this non-threatening little community and it's a relaxed atmosphere. You'll be sitting there and another regular comes along and you'll have a yarn and sometimes you can get into these really philosophical discussions.

For both Jack and Robert, the DVD store and the cafe respectively, have become places of social inclusion to the extent that they support social interactions that are not possible elsewhere. Social inclusion grows or advances in community places like local cafes and DVD stores as individuals feel more comfortable striking up conversations, and more confident sustaining social relationships. For a sample of youth and young adults with long and complicated histories of sometimes dysfunctional social relationships, the fact that Jack and Robert alike were able to identify local places where they felt welcome and included speaks volumes about the character of social inclusion for youth recovering from mental health problems.

The informal character of the opportunities for social inclusion described by Jack and Robert is especially important, inasmuch as Jack and Robert described very few formal opportunities for social inclusion like those associated with paid employment or education and training. In the absence of formal pathways to social inclusion, the informal opportunities opened up in cafes and DVD libraries become increasingly significant.

Other participants described similar kinds of experiences of social inclusion in hair dressing salons, second hand book stores, op-shops, department stores, gyms, parks and libraries. While we will discuss the role of these kinds of places in facilitating access to informal social resources more thoroughly in the next chapter, the point for now is to bear in mind how significant everyday local places like a cafe or a DVD store can be in fostering an experience of social inclusion, and the related senses of belonging and community attachment that come with it. Social inclusion was reported to be critically important for participants insofar as social contact, interaction and support were said to be essential for one's recovery. As one participant put it, social contact and community participation are each important indications that one is 'getting better, living better, I suppose'. Another participant, Mark, made the point as follows:

> It's a very important thing in life to be connected with people who understand what you are going through, who you can share things with. That makes a huge difference, to feel more settled I guess.

It's also helpful to note the extent to which participants linked the experience of social inclusion with particular aspects of place and community. Certainly participants were quick to describe either socially inclusive places—places that seemed 'friendly, open, you know like you feel welcome' as Joanie in Melbourne described it—or alternatively places that seemed uninviting, closed and exclusionary. Partly, the extent to which an area, place or community might be described as socially inclusive was found to depend on the attitudes and orientations of residents.

Participants were especially alert to the importance of having friendly neighbours and a good community feeling in an area. Yet many participants also emphasised the importance of living in a place where there were lots of different things to do, and thus lots of opportunities to engage in activities where one might have novel opportunities to meet new people, or get to know one's neighbours and/or fellow residents. Describing his recent move to a new part of town, Darren in Launceston spoke of his recent return to the practise of karate:

> But it's good for your mind and it's good for fitness, and it's just a great activity to do. And it's local as well, in the suburb, so this is another great reason why I love Prospect so much, because having all this great stuff to do as well is really important. You know, it means I can get out of the house, meet new people, get to know people who live around here.

Later in the same interview Darren made reference to the importance of the proximity of shops, parks, a soccer club and public transport to his home, and the opportunities these places and activities presented for meeting new people. He added that:

P: It's a very friendly suburb, so when you're dealing with mental health issues, having schizophrenia, it makes you feel good as well.

I: Yeah, you don't want people judging you.

P: No, not [to] be judged, which is important to me. It's just another great street.

I: It's nice to have people friendly.

P: It is, isn't it?

Of course, a number of participants spoke of living in places and communities that did not have this kind of welcoming or friendly ethos. Still, living in a friendly, welcoming community was identified by a number of participants as important not only in terms of one's ongoing health and recovery, but also in terms of the experience of housing security, inasmuch as a friendly, socially inclusive community was regarded as crucial to one's wider sense of belonging and purpose. Living in a friendly neighbourhood was associated for many participants with the kinds of community that one might wish to live in for longer periods of time.

It is in this respect that we would draw a connection between social inclusion and housing security. Participants who described living in what they regarded as inclusive communities—with opportunities locally to expand their social networks and to participate in activities where they might meet new people—also spoke of a growing sense of attachment to place; a sense that one could imagine a future for oneself in a particular place, in a particular house in a particular community. Housing security in this broader sense is really about the idea that one might want to stay in a particular place for a reasonable period of time, to create a future for oneself, to make plans and 'set down roots'. Given the ambivalence of participant's feelings towards home and place in light of the often painful transitions that almost all participants spoke of experiencing, the idea of housing security needs to be understood in this wider context of flux and disruption. Participants spoke for example about housing security in almost idealised terms, often in order to draw a contrast with their existing housing, or to describe what was most desirable in any future housing they may acquire.

4.2.3 The nature of housing security

Hence, we discovered what might be described as both practical and symbolic dimensions to housing security. In a more familiar sense, participants were quick to endorse the importance of secure tenure, and a sense of control over one's living space. A number of participants spoke of living for periods of time in communal spaces, or in circumstances in which a number of mental health consumers lived in close proximity, and the frustrations that were associated with this accommodation. In talking of these kinds of circumstances, Richie in Melbourne observed that:

Yeah, well I have lived in lots of different places the last couple of years, you know lots of supported accommodation I guess they call it and it usually sucks. There's always lots of different people around and you always feel like you have to watch your back, like people are always stealing stuff from you and then there's the fights, and the backstabbing and the politics. Lots of petty bullshit a lot of the time so I just wanted to get away from that all as quickly as possible. I really just wanted my own place where I could lock the door and look after my stuff and not have to worry so much about things.

So again in a practical sense, housing security conveys something of the importance of retaining control over one's space both in terms of the security of the property and one's rights as a tenant or resident. Participants were equally insistent about the importance of housing security—and stable, comfortable and secure housing more directly—in terms of one's day-to-day struggles to remain well and to work on one's recovery. Reflecting on photographs he had taken for the project, Ric emphasised the importance of having a place of one's own:

> Well, this is my place now, it's peaceful, secure, a really good feeling you know 'cos I have lived rough in the past, on the streets … it's different here, in my room where I have my futon and my DVD player and my CD and radio and stuff, they are all in the same little corner. I can just lie down and I've got my DVDs and usually a couple of books and stuff like that. I'm better now that I have a place to call my own, it's an anchor for everything else in my life.

Figure 2: In my room
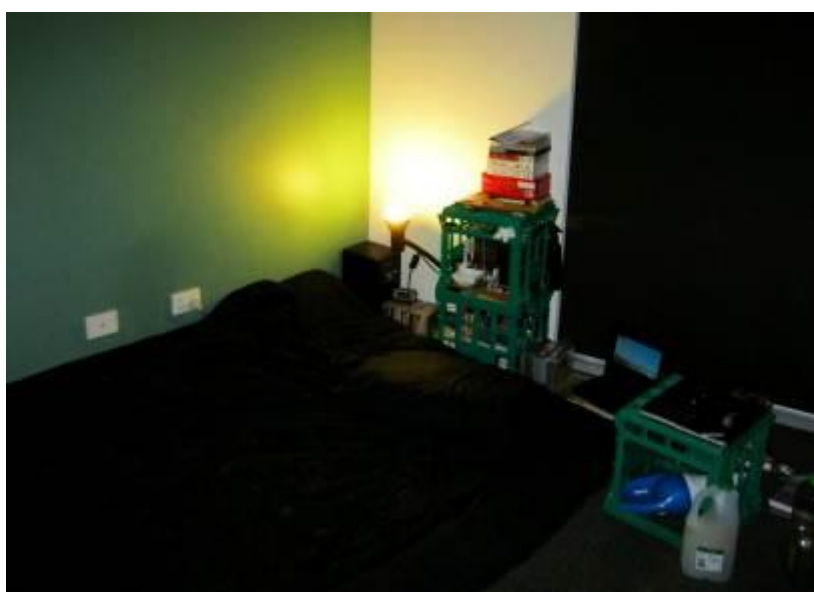
Ric's characterisation of the security of his new home providing the 'anchor for everything else in my life' serves as a wonderful evocation of the importance of housing and its role in recovery. Secure housing is the 'anchor' or the foundation that serves to create the right mix of conditions for individuals to work on their recovery, to begin to explore a community, and to establish some sense of connection to place. Perhaps the most significant aspect of this sense of security was the confidence that comes with the security of one's tenure and the idea that one has a secure right to stay in a particular place such that one won't be forced to move again. As Tim noted:

> Always moving around, that really is the hardest thing, like you'll stay somewhere for a few months, just work out where the shops are, if there's a park nearby or whatever and then you'll be off again. Like a new supported accommodation slot will open up and there you are again, your case worker's driving you off to some new place and you've got your stuff in bags in the boot and you have to start again. I always found the first couple of nights really difficult. You unpack your stuff and you'll be looking around at another new place just wondering how long you'll be staying this time.

Almost all participants described experiences like this, during periods in which they had been forced to move around. A number of participants then contrasted the experience of housing insecurity with their present arrangements which reportedly

offered greater security. These participants also typically emphasised the links between secure housing, health and recovery. Rachel stated that:

> My mental health has improved a lot over the last year and a half. I'm really happy about that, but this helps as well; having somewhere secure to live and stuff. Having mental health issues can affect you when you're trying … when you're moving around, trying to get things organised, it does make things difficult. But having this, just having a stable place and knowing that you can come and go, it's really great. I really enjoy it. Working on goals is another thing I like to do because when you start achieving stuff, you feel better in yourself as well, and it's better for your health as well.

Echoing Rachel's endorsement of the role of secure housing in the everyday work of recovery, Darren noted the importance of choice and independence in one's housing:

> In my past, I've stayed in a fair few different places. Where I am at the moment, I seem to like it a lot better. I can live independently and do what I have to do by myself, and I'm learning new skills. When I've lived in other places before, I've sort of had issues with people and problems and stuff, so I think it's a big change, like where I am at the moment, from having my own unit to different living accommodation. And it is hard sometimes when you're moving around, you sort of don't feel settled, but at the moment, things are going really good, and starting to achieve goals and stuff in my life, a lot better than previous accommodation, places before.

Equally important of course was the issue of housing affordability in terms of rent, utility bills and other essential payments. Speaking of the importance of rent subsidies and other income supports, a participant in Tasmania emphasised the importance of financial independence and the ways that income support helps to set the conditions for recovery. Brian added that:

> I think I manage. I do okay. I get my rent taken out and I get money taken out for power and I always do groceries. I think I seem to do okay, and I always seem to get enough to get bus fares into the city and stuff. But they're my main three priorities, my three bills I have to get paid first, the rent gets taken out and electricity and groceries, so they're the three main things, and you work out your budget from there. As long as I've got those three things done.

Brian went on to talk about the importance of his tenancy agreement and the benefits that followed from a greater sense of confidence in the security of one's tenure:

> P: The lease is two years, but they extend it every year after that, every six months to a year.

> I: So you just go on with that pretty well.

> P: Pretty much every six months or year, and they just send it in the mail and all you've got to do is sign it and send it back in the post. So they just do that regularly just to see if people want to stay in their properties or if they want to leave then you've got notice. I think they do it with most properties these days. But it's pretty much long term. It's all up to yourself really.

> I: So you see yourself being here for quite a while?

> P: Yeah, I'm actually—I can see myself here for quite a while. I'm really quite enjoying it. This is one of the best places I've stayed in to tell you the honest truth, over the years. I've never had such a better place. Like I was saying beforehand, everything local, a nice quiet sort of place and I really hope I can stay for a long time.

Brian provides in this exchange a neat summary of the links between housing security, social inclusion and recovery. Now that Brian has greater security in his housing, with increased affordability, he also has a much more secure foundation from which to begin exploring 'everything local'; all of the activities and interests available in his community. This experience of security and belonging also supports Brian's recovery in terms of the practices and strategies he has available to him to support his health and wellbeing. A little later in the same interview Brian added that he thought the security of his new accommodation was the major reason why he hadn't experienced any hospital admissions for his mental health in 'over 18 months now, and really this all helps heaps, having somewhere secure to live and stuff'.

Other participants spoke of the links between secure housing, recovery and social inclusion in terms of the foundation that secure housing provides for the pursuit of important life goals. April in Melbourne spoke of her ambition to improve her cooking and her desire to live in a home where she could prepare a meal for family and friends 'you know like other girls my age do every night of the week'. April added that the last place she had lived only had a:

> [m]icrowave oven and a jug and a toaster, so what are you going to do invite your sister over for microwave noodles!? I don't think so, so you just never do it, you know, and there is no real incentive to try new things or to try and cook yourself something better, so you just end up eating crap and that just makes you feel worse so it's a pretty awful cycle really.

In contrast, April spoke enthusiastically about her new place and the importance of the kitchen to her recovery:

> This [the kitchen] is the most secure place in my life. It's become my sanctuary, a place just for me, for cooking, for trying out new things but also I guess just for the way it makes me feel. Like, walking in the front door, it's like entering another world for me. I know that when I get into the kitchen and make a cup of tea it will be me here, that's me and then the outside world. It [the kitchen] just makes me feel safe and in control of things.

Figure 3: Out from the kitchen
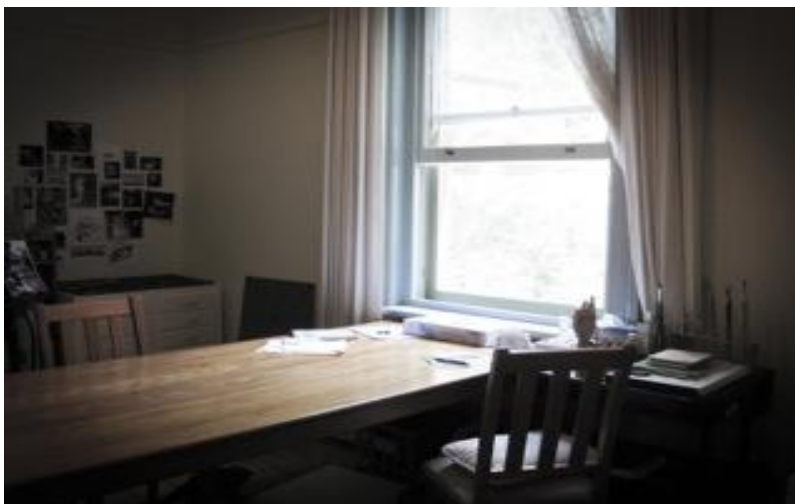
For other participants, finally securing more amenable accommodation enabled them to start making longer term plans about staying in one particular place, putting some work into a property and creating a stronger sense of home and place. Sarah in Tasmania spoke of her interest in working on her gardening now that she had a place where she felt safe and secure and likely to stay:

Well, it's become one of my favourite places, the Garden Centre, which is a really great place. You can go there, grab some trees or plants or anything you need for your back yard to do your garden up. They've pretty much got everything there. So I've got a few things in there before, but in the future, I'm going to start getting into my backyard, and I'm going to get the garden done up and some trees going and stuff. And for my mental health as well, it's going to be good because I'm out doing something and it makes me feel happy in myself and having the place decorated nice.

4.3   Summary

Our participants described housing security in both familiar material terms, and in ways that point to its more affective and/or symbolic dimensions. Each aspect begins to reveal something of the links between secure housing, recovery and social inclusion among youth living with mental illness. Participants confirmed the extent to which housing security derives from the stability of one's tenancy agreement; the affordability of housing costs like rent and utility bills; and the confidence with which one may retain control over the terms and conditions of one's accommodation.

Participants described living in a host of insecure accommodation in the recent past and almost all indicated that the move to more secure, cleaner and safer premises was critically important to their health and wellbeing, and their recovery more broadly. In this sense, we can affirm, as one participant put it, that secure housing really is the 'anchor' that supports everything else. Secure housing provides the necessary mix of supportive conditions to promote one's recovery, while also providing a secure and stable base from which to explore one's local community and thus to begin the work of social inclusion. This latter element, pertaining to the role of social inclusion, represents the more symbolic aspect of housing security. Housing security was reported to be as much about setting down roots in a community as it is about the material and/or legal security of one's tenancy. One's tenancy arrangements may be perfectly secure in terms of the control one has over one's accommodation, and yet if one does not feel welcome in a community, if one does not feel a sense of belonging or a desire to develop closer community ties, then it is as likely as not that one will soon be on the move again in search of a 'nicer', 'friendlier' community. Housing security in this respect concerns the extent to which one feels a desire to build a future in a particular community, to bother with planting a garden, or forging friendly relationships with staff at the local café or DVD store.

To conceptualise housing security in this broader, more symbolic sense serves to explain the importance of social inclusion in sustaining a more meaningful experience of housing security for youth in recovery. In particular, it makes the links between place and housing security more explicit. What participants reportedly most desire is secure housing in a community that offers significant opportunities for the cultivation of social ties, engagement in activities and pastimes, opportunities for leisure and recreation, as well as support for one's recovery. In this sense, secure housing should not really be regarded as an end in itself. Rather, and as our participants made clear, secure housing ought to provide the foundation from which one may begin to explore a community, foster new relationships and meet new people and try out new activities. What we can discern from the data is the importance of social ties, and a sense of place-attachment. The aspiration reported among almost all of our participants, is to extend their experience of secure housing to a feeling of living in a secure place in a community, that is the sense that one belongs and is valued in a community.

If secure housing was regarded as a foundation for enhancing social inclusion, then the next task is to explain how social inclusion actually advances for youth recovering

from mental health problems, and how social inclusion may itself be said to affect the experience of housing security (or indeed insecurity). In the course of our study, we discovered that social inclusion slowly advances as youth are able to identify, cultivate or foster access to local informal community resources. We also discovered that these same informal resources were critical in fostering participants' hope and confidence in the future, and their commitment to stay in their present accommodation. Informal community resources support housing security to the extent that they provide social, material and affective assets and supports to facilitate the work of cultivating a sense of home and an experience of community belonging. Without this sense of community belonging, a house is just four walls without any particular meaning; a place that one will likely soon leave behind. As one gains access to informal social, material and affective resources in one's community, one also discovers the resources necessary to convert a house into a home, into a place of hope and recovery.

5 INFORMAL SOCIAL RESOURCES

Housing security is greatly diminished for youth in recovery in the absence of social inclusion, regardless of the putative material security of their tenure. Housing security certainly provides stable material foundations for the ongoing enhancement of social inclusion for youth in recovery, and yet we discovered that it is equally true that this enhancement of social inclusion works to further promote the experience of housing security itself. Housing security and social inclusion are each mutually constitutive in this sense. Housing security grows, in other words, as youth are able to forge strong and enduring connections with the people and places that make up their local community. Consistent with extant research indicating the role of social inclusion in promoting greater housing security for youth in recovery from mental illness (Almedom 2005), the most important informal community resources identified by participants were found to be social in character.

5.1 The production and distribution of social resources

All participants stressed the importance of family, friends and wider social contacts in supporting the everyday work of recovery. Yet we also found that the creation of meaningful social contacts is among the most important aspects of the broader process of building a sense of connection to place. Indeed, this finding emerged as the key to social inclusion for our sample of youth. Building a community—building an experience of social inclusion and attachment to place—was found to rely in the first instance on the development and subsequent maintenance of *meaningful social ties*.

This was reported to be most significant in relation to one's immediate family, however, the development of social ties in place was also found to extend to the importance of 'getting to know the neighbours' as a number of participants put it. Developing a sense of local community life was said to depend on the development of diverse local relationships, including 'weaker' social ties with, for example, the staff at local cafes, hair dressing salons and/or libraries, as well as 'stronger' social ties with friends and peers. While not all participants spontaneously linked this experience of social inclusion with specific places or settings, subsequent analysis revealed diverse spatial and contextual dimensions to the social interactions described by participants.

Most often, place was found to shape the character of social interactions, affording opportunities either for greater intimacy with friends or family, or for novel connections with peers and strangers (see also Clark & Uzzell 2002). A typical example of the spatial organisation of social interaction was provided by Melissa in her account of the social resources available in a local hair salon:

> I might have holes in my shoes, but if my hair is looking good then I feel like I am getting better, looking better, fitting in I suppose. I am who I am supposed to be. It's also a great place to meet people and just talk, like lots of other women will be there with their kids or pets or whatever and you just have this time to talk to people, with no pressure, and it all just adds to my confidence.

Figure 4: Catherine's hair techniques

In the last chapter we presented something of Jack's account of the importance of a local DVD store in the development of his own local experience of social inclusion. While we have noted the importance of the staff at Jack's local DVD store, Jack also spoke of the opportunity presented in this store to meet other locals who shared his interests in film. He added that:

> Well, you know the thing with the DSP (Disability Support Pension) is that it's great to have that money every fortnight, but you know you also just have so much time on your hands. Particularly once you start to get a little bit better. Like now that I have my meds under control and things are going ok, I mean that's great, but then I realised, well what I am going to do all day. You know that boredom is a real killer. So anyway, I spend a lot of time at the local DVD store and I think part of that is like, you know, there's all these other dudes there too at 2 o'clock on a Tuesday afternoon getting movies too and like you'll nod and say hello and have a little chat about movies and stuff. It's good, you know sometimes it's good just to have a friendly chat and get out of the house.

In both the hair dressing salon and the DVD store, place was found to mediate sociality, opening up social networks while amplifying the therapeutic character of the social interactions experienced therein. Links between 'social connection', social inclusion, wellbeing and recovery were explicitly endorsed by almost all participants, with many describing the onset of mental illness as a period of profound social disconnection. Social contact was subsequently regarded by most as an effective way of combating this social disruption. Noting the particular importance of enduring friendships, Mark added that:

> Being connected to friends is really important and now my friends know, um, just where things are with my life. They are all really sensitive about it and that makes a huge difference, just like day-to-day.

Other participants emphasised the importance of supportive family networks, even though many acknowledged that such relations were often strained as a result of people's experience of mental illness, and family member's individual responses to it. In an instructive remark, Grant observed: 'You can't underestimate how powerful it is for a person to be in touch with family.' Gregory concurred, emphasising:

[h]ow important families are in terms of just supporting each other through things. So many people with mental health issues end up disconnected from their family.

Another participant, Al, noted of his family:

They are all very supportive of me. I talk to them every week or two. I still lean on them as well at times, you know, like sometimes I borrow money from them. I'm a member of the family that does keep in touch with everyone, I support others and they support me.

Of course, some participants spoke in more ambivalent terms about their family ties, with some describing individual family members as 'triggers' for their mental health problems, as one participant put it. Speaking of his brother one participant said, '[w]ith Chris I'd be having both triggers and wellness, he was one of my biggest triggers, before I was diagnosed'. Another participant spoke of her 'strict, irrationally-controlling step-father' and how his behaviour often exacerbated her symptoms. Others explained that their family did not always provide the kind of support they needed. Alexander, for example, stated that his family were 'half the cause' of his mental illness and he therefore preferred the support of friends. Georgette further pointed to the difficulties associated with having parents who also suffer from a mental illness:

Because a lot of it is genetic. If they have the same condition, it just gets into this vicious cycle of name calling and mutual blaming. It's destructive and it's toxic and you really need to watch yourself around that.

Despite these kinds of references to the problems sometimes experienced with family life, most participants regarded their families as important resources in support of their recovery. Many participants spoke very highly of their families, praising their support and comfort. Talking of the role of humour in her recovery, Jessica observed:

Having my family around me for support, having them, they never ever judged me or said 'You're a nut' or, actually they do these days, yeah, we just crack up and we make lots of jokes about it!

Interestingly, most participants spoke of long periods moving back and forth between living at home, living in shared private accommodation and onto supported and/or transitional mental health housing. For these participants the family home remained something of a safety net, or 'last resort'. As one participant noted:

[w]ell, you know, you can always go home, so even if you don't want to do that, I guess it's always been good to know that I can do that if I need to, and I have from time to time, like with share houses and stuff. When I was at Uni for a while I was in share houses and I would often just disappear back home if things got too out of control or like if I just didn't want to face people.

The importance of the material resources provided in the family home will be analysed more fully in the next chapter, along with a discussion of the extent to which participants reported to draw on informal material resources provided by family in the course of their recovery. For now, it is important to emphasise the kinds of social resources provided by family, particularly in terms of the importance of the social contacts provided by family networks. As Jack acknowledged in a quotation cited above, much of the experience of recovery from mental health problems can be characterised in terms of boredom and social isolation. Some participants spoke like Jack did, of spending significant periods of time in their own company with very little social contact. The sense that one could always rely on one's family to visit, or for a friendly voice on the phone, was reportedly crucial. As Sarah noted:

Mum's just been so great through everything, like I was so sick for so long and I just lost contact with so many people, but Mum has always been there for me, someone to talk me up on my down days and just someone to look out for me. I am so grateful for that 'cause I don't know what I would have done some times without her.

Another participant spoke of the social support provided by his family as he made the transition from supported accommodation in Melbourne into private rental accommodation. Summarising this support Brad observed that:

Like my Mum and my brother, I just couldn't have done it without them. Almost as soon as Mum found out that I had to move out of that place, she really encouraged me to look at setting up my own place. She knew I think that it was really important for me to have my own place and I think that Rob [brother] probably got into her ear about this too, so they both really supported me to do that [look for my own place]. Rob helped with the internet, showed me how to look for things and both him and Mum drove me round to openings to have a look at things in my price range in loads of places around here. I don't know, we probably went to 10 or 15 places, with all these other people looking too, couples and other things and Mum was always great, always encouraged me to talk to the estate agents and take a property application, that sort of thing. And they both helped too with writing the applications out. Mum helped out too a bit with the bond, but I really want to get that back to her as soon as I can. I really want to do this myself now. But, yeah, as I said, who knows where I would be now if they hadn't helped out the way they did.

While many participants reported to have relationships like this with family, others reported either the need or the desire to build these kinds of social contacts outside the family. For some, this desire seemed to stem either from a history of inter-personal conflict within the family, or a desire for greater independence outside it. As Mark observed 'you know I'm 25 now and I just think that it's time that I manage it all [my health and recovery] on my own'.

For many of our participants, independence was seen to be an important part of the everyday process of recovering from mental health problems, aligned with the importance of having one's own housing and one's own place in the world. Many participants spoke in terms of either 'starting over'; standing on 'their own two feet', 'doing things' for themselves, and/or 'taking responsibility' for themselves. In each case, the kinds of social resources that were perceived to be available in the local community were regarded as important sources of support for this work of creating greater independence and self-identity. Some participants likened the task of forging social ties in one's own community with the idea of 'growing up' or 'living a normal life'. Indeed, it is largely for this reason that so many participants appeared to value the kinds of incidental social contact they experienced in local cafes, hair salons, gardening stores and DVD libraries. Social connections were thus described as distinctive resources in their own right, useful both as a means of promoting recovery and sustaining a sense of wellbeing, but also for generating a more profound sense of hope and optimism for the future.

However, a number of participants spoke of the need to slowly relearn the 'art' of social interaction inasmuch as the experience of mental illness is typically highly disruptive of one's social and peer networks. Hence, places like a local cafe, hair dressing salon and/or DVD library are an important part of the experience of social inclusion because of the opportunities they offer for the kinds of opportunistic, informal social interactions that may eventually lead to more enduring friendships.

There is no doubt though that most participants reported valuing close friendships very highly, with many explicitly linking the development of close personal friendships with their recovery goals. Participants spoke in particular about how having understanding, patient and non-judgemental friends was essential for their recovery, providing security and stability and a greater sense of their own capacity to 'stay well'. Lily explained how her ex-boyfriend played a significant role in her recovery:

> When I was really sad, he would be there to listen and I guess he didn't really judge, he really put things into perspective at times. I guess it's like a voice of clarity. His support was really important … he was like the constant thing to have, to fall back on. Because, during depression, you do lose yourself a lot and to have that stability to feel like you don't need yourself quite as much.

Other participants spoke of the importance of retaining contact with old friends who were familiar with one's history and the long journey living with a mental illness. For example, Lauren mentioned how she appreciated the honesty and support of old high school friends:

> They are not scared of telling me how it is. Because they have known me for so long, if I am being retarded or being stupid they will tell me straight up. And they wouldn't do it in a spiteful way. They do it in a way that you know they are telling you because they care about you and I like that.

Other participants mentioned how they would often turn to friends for advice and guidance. Talking of his 'footy mates' Jake explained that:

> Each guy has [a] different character, so each will have a different answer for you, like I might go and see him the next day and say, hey, this is my problem and then he will give me an answer. Then I'll go to the next guy and he will say something different, so it gives you an opportunity to do your research, come back, sleep on it, and then wake up and think … ok what did I learn from it?

A number of participants spontaneously linked friendship and the work of making new friends with their housing arrangements. This was most common for participants who had recently moved to what they perceived to be better, more comfortable housing. Reflecting on his recent move from 'transitional housing' Garth said:

> My last place I don't think I ever had visitors, maybe like my brother visited a couple of times when I first moved there. But you know with all the security and the case workers around everywhere, you just didn't ever really want to have people over. Like, you're not going to say 'come over to my place and watch the footy'. I don't know, I just never did it. But, like, with my new place, it feels like my place and I made a bit of an effort. Mark, my support worker, helped me get some furniture so it looks a bit more homely and things. And now I think I would like to have people over. I could imagine that you know?

The reflections offered by participants like Jack, Robert, Bianca, Lily, Garth and April indicate very strongly that social inclusion, social interactions, friendship, family relationships and the opportunity to make new friends, should each be regarded as critical aids to recovery. Friendship is of course valuable in its own right, but it was also described by participants as a powerful source of comfort and support both now and for the future. In this important respect, our participants mostly spoke of social inclusion in terms of the development of stable and enduring friendships.

The link between place and community, meanwhile, lies in the extent to which participants perceived the communities they live in to be the kinds of places that might present opportunities to support the development of new friendships over time. Participants mainly reported valuing communities that offered a range of opportunities

to make new friends, either through chance encounters that might lead to more enduring friendships, or the chance to participate in local activities where one might meet people with common interests. It is in this respect that we would once again link social inclusion, social resources, recovery and housing security. For local places that present opportunities for social inclusion—and for the fostering of closer personal relationships more directly—were also the kinds of places that participants felt most attracted to. Socially inclusive communities were reported to be communities that offered an array of social resources to support the ongoing work of building a home and a related sense of community belonging and place-attachment.

5.2 The work of cultivating enduring relationships

While participants often noted that they had relatively small social circles, and oftentimes only a very small number of close friends, these important relationships were described as 'intense' or 'deep', providing a constant 'safe haven' as one other participant put it. The purpose of this section is to begin to document the work involved in cultivating social ties and building one's social networks. This will involve further consideration of the varied social resources that participants reported to derive from their networks of family and friends. We will also continue to discuss the ways in which the production and distribution of these social resources was reportedly mediated in place and local community settings. Occasioned oftentimes in response to the maps and photographs produced as part of the data collection, participant interviews featured a lot of talk about 'connection' and 'touch', the importance of staying 'in touch' with people. These sorts of comments also began to reveal something of the work involved in nurturing and sustaining inter-personal relationships for youth recovering from a mental illness. In an instructive remark Grant stated that:

> You have to really work at it for sure, like a lot of the time it kind of feels like it would be easier just to stay in your room by yourself, you know, never talk to anyone, never leave the house, that sort of thing, and I definitely have had periods in my life like that. I think maybe that everyone who gets sick maybe has that to some extent. So you really have to get yourself out of that mindset, get up out of the house, go and see people, go and do something that forces you to talk to people. It's just so hard otherwise.

Another participant, Lyn, was quick to emphasise the care and support that comes from close personal relationships, particularly with family. She added that:

> When I was first diagnosed, I guess when I first kind of knew that I was really sick and that it wasn't going to all go away on its own, my sister was fantastic at that early stage when I was really, really suicidal, like nobody could reach me, she shared with me that she had been quite ill too and that she was well now. It was just so important at that time to feel that I could have a little bit of hope for the future, that I wasn't going to feel this bad for ever or something.

A number of participants spoke in similar terms about the importance of retaining some sense of social support in the early phases of one's illness, and how important these relationships were to the subsequent work of recovery and rebuilding one's sense of hope for the future. Sarah concurred, stating of a close friend that:

> When I was first diagnosed, she was the lady who took me under her wing, and, um, she had bipolar disorder too, she took me under her wing and told me what it was going to be like, what to expect and all that sort of thing.

Indeed, many participants spoke in a similar manner about the value of friendships with other people with a lived experience of mental health problems. As Cody explained about her two 'best friends':

Yeah, they've both—we've all had the same thing. We've all got schizophrenia … all gone through the same stuff. All know how to help each other when we're down, especially Lindsay. He's such a character; he's great. Yeah, we all go bike riding together and we talk about problems. We talk about good things. We go out everywhere and have dinner and do things like that. He comes and stays in George Town and we come and stay with him in Launceston. Yeah, and Coby's just a gem. She's helped me through a lot of stuff. Yeah, because she's been through it all too. She's had a lot of stuff happen to her in her life.

These passages reveal much of the work involved in nurturing personal relationships. Yet they also reveal something of the links between place, community and social inclusion, inasmuch as participants spoke of the importance of discovering what might be called social spaces in one's local community to support this work of building and sustaining close relationships. While some participants spoke of their own homes as the most important places in which this kind of work transpired, the vast majority of participants spoke of the importance of local places outside of the home.

As we have noted, some participants reported that they did not feel comfortable inviting friends into their homes, while others preferred socialising outside of the house as a way of maintaining independence. A number of participants emphasised the role of eating and drinking together out in public places, in both creating and/or strengthening family and peer relationships, building and sustaining a connection with other people. As Phil said, 'having a beer, chatting with other people, going to the pub, I guess I just associate this with groundedness'. Another participant talked about the importance of making sure that she always had food in the house, just in case friends or family might pop by for an unexpected visit. She went on to say that:

It just feels like the right thing to do, even just to make sure that you can offer people a cup of tea or something. And I have definitely lived in places where I've had nothing right, so I won't really eat properly and my Mum or my sister would come over and I couldn't even give them something to drink. So now it just feels like I really want to be better, live a bit more of a normal life, do the things normal people do, like have milk in the fridge so you can make a cup of tea. I know that it's a little thing but for such a long time I couldn't do it.

Gregory also underlined the importance of sharing food: 'It is, um, a two-way street, you know it's giving something and sharing my experience with food'. For others, sharing food in a cafe or bar was likened to the ways other 'normal' young people spend time together. Doing these kinds of things for oneself thus took on greater significance inasmuch as they served as easy, everyday reminders that one was getting better, working on one's recovery and 'getting on with it' as Peter said.

Speaking more directly of the links between housing and community participation, another participant, Lyn, spoke of the significance of sharing food with neighbours:

So this year I took some beers over on Australia day. I just thought that I should introduce myself and say hello. I had been talking with my case worker and she kept encouraging me to say hello to the neighbours, you know I had just moved in and I didn't really know anyone in the area and Liz just kept encouraging me to pop over and say hello and like finally I did and it was great. I took over beers and they were just about to put the BBQ on and I think the cricket was probably on and everyone was having a really good time. Everyone was really friendly and I just had such a good time and now we do that quite a bit, you know, have a beer and a chat, it's a good feeling for sure.

Other participants talked about the importance of participating in local community activities because of the opportunities such activities offered to meet people with

whom one might share things in common. Several participants spoke of the importance of being in a group or sharing in an activity where they had the feeling that they had something vital in common with others. Talking of a choral group she had recently joined, Mary said:

> I've always wanted to go back into a choir, but I just couldn't find the right environment where I just didn't feel, um, um, out of place. I guess I was looking for somewhere where I'd feel safe.

Another participant shared a similar story about a bipolar support group:

> And we never judge each other. Like someone will say 'I feel really bad I haven't been for ages' and everyone will go like 'it doesn't matter, you're part of us, you come when you can'.

This participant then added:

> [t]his is important because there are a lot of people out there like us and it's really hard to find places that we can be understood and be together as friends as well as have that sense of doing something important in being able to draw others into something like this. Because the feeling of isolation and disconnection is very prevalent in mental illness, so I think that feeling that there's meaning in life I think is a really big thing and just feeling connected.

5.3   The importance of indirect social interaction

At the start of the last section we indicated our interest in documenting something of the ways our participants worked to establish and nurture interpersonal relationships. We also noted the extent to which participants reported to actively seek out local community places and activities that support this work of nurturing relationships. Our data indicate that local places provide an array of social resources useful for the work of developing relationships.

Perhaps the most significant of these social resources was found to be a kind of modelling of social relationships in place. A number of participants reported spending periods of time in public observing other people's interactions, noting when and how people spoke to one another, the dynamics of small talk, and the ways people worked to keep conversations going. In some respects, this process of observing social interaction seemed to be akin to a kind of training in the art of social relationships. This was found to involve a slow process of cultivating and developing social ties as one becomes sensitive to the signs and events by which social connections may be said to accrue. In other words, many of our participants described a process of *learning how to be social* by watching others engage in social interaction in public 'social' spaces like cafes, shopping malls and restaurants, without actually engaging at that time in social interaction themselves. The point was to observe social interactions from a 'safe distance' without necessarily being a part of it. Summing up this experience, Robert noted:

> I just like being around people not necessarily having to talk to people, just watching them you know, how they talk to each other, what they do when other people come along, trying to imagine what they're talking about. I spend hours doing this sometimes and it's amazing how no one seems to notice. I feel invisible sometimes I suppose, but I just like watching everything.

In the walking tour conducted with Robert it was noted that he would often watch people engaging with one another, observing where they sat, whether they had any physical contact and so forth. Robert would then use these observations as the basis for speculation about the topic of the observed conversation and the nature of the

relationship between the interlocutors. Quite unselfconsciously, Robert added that these experiences were all part of his recovery, helping him learn the norms of social etiquette, consistent with the ways that 'healthy people, you know the ones that aren't mad' socialise.

Another participant, Cheryl, described something similar in talking about the importance of public transport in her recovery. Cheryl identified Melbourne's train network as one of the most important places or supports in her 'recovery journey'. Cheryl spoke of long trips on Melbourne's trains observing people coming and going, speculating about their purpose and their lives. Mostly however, Cheryl spoke of observing people's interactions; the ways in which school students gossiped, argued, flirted and misbehaved; how city bound office-workers protected themselves from apparently unwelcome social interaction by hiding behind sunglasses, headphones and a book; or how elderly commuters seemed intent on talking to strangers regardless of their enthusiasm (or lack thereof) for the conversation. She added that:

> The train is amazing really because it's like everyone from Melbourne is here in one place, normally I guess we try and avoid each other. But here on the train you have, you know, the unemployed next to office-workers and city-types and kids and families and everyone is trying not to speak or something. So I just love watching people, how they try and avoid talking or how the oldies want to start talking to you about the footy or their grandkids or something.

The point once again is that the rudiments of social interaction may be learned in these everyday encounters. Like Robert's observations, Cheryl's experience appeared to function as a kind of training in the art of social interaction. Cheryl spoke at length of her experiences watching how people interact on the train. This availed several insights for her; if a stranger is likely to be receptive to a friendly chat; what kinds of things friends talk about on the train; whether or not the train is a public or a private place for the purposes of social interaction; or the proper etiquette of a polite conversation should one happen to encounter a little known acquaintance. Moreover, each of these lessons or observations served as a potential opening out into a wider social network, furnishing opportunities (should one wish to take them) for the kinds of social networking by which social inclusion may be lived as a tangible feature of one's recovery. It is in this sense, moreover that we would regard these sorts of experiences as primarily involving the identification and utilisation of social resources in place. Many of these kinds of places were described by our participants—cafes, DVD libraries, hair-dressing salons, train carriages and restaurants—and each were found to avail varied social resources useful for the everyday work of recovery and social inclusion. Mostly these informal social resources were put to use by participants as they learned (or relearned) the skills necessary for the cultivation of social networks.

Oftentimes, however this interest in observing people at an apparently safe distance, stemmed from a strong and abiding ambivalence about personal intimacy. Many participants for example touched on issues of disclosure and the risks associated with disclosing one's health status. As Mark said:

> Well, most times people end up asking questions about things right, like where you went to school, what about your family, what have you been doing with yourself, those kinds of things. And mostly I don't really like talking about myself so I find it really hard to just have chats like this about myself.

Indeed for many participants, social interaction was seen as a source of stress, with several participants citing memories of past 'social mistakes' as triggers for their mental health symptoms. With reference to social interaction, one participant said:

I'm afraid of offending other people and I guess, I'm terrified of being offended myself because I don't know how I'd react to the other person. It's not so much I'm terrified of being offended, I'm just terrified of my reaction to whatever offence and that's when [I know that] I'm not really that alright.

He concluded by saying, 'I don't show any of myself to other people. That's the bottom line'. This kind of ambivalence, even anxiety, about social interaction was described by a number of participants, with some speaking of their preference for the companionships of pets. Describing his love for his dog, one participant said:

I have a strong attachment, he's like my baby, know what I mean? When I'm sad, he'll sit on my knee and I feel better when I see him. You walk inside when you get home, that unconditional love and excitement they greet you with, it's the closest thing to having a high mood during the day. It's just that overwhelming sense of being loved unconditionally that you get from dogs.

Perhaps in response to their ambivalence about personal relationships, a number of participants spoke of efforts to establish social relationships in indirect ways. This also emerged as one of the strongest links between social inclusion and place in that participants emphasised the importance of having access to local places where they could participate in activities that supported novel social interactions. For some, like Melissa, Robert and Jack, the importance of a local hair salon, cafe and/or DVD library, was less about the kinds of functions or activities presented therein (like the functional utility of having one's hair cut or renting a new movie) and more about the opportunities for novel social interactions supported in each site. Each place offered opportunities for social interaction, yet in ways that were perceived to be *low risk* for participants. As Melissa said, 'you can have these chats while you are getting your hair cut, but then you can also just keep to yourself if you want or leave'.

Other participants spoke in similar terms about the perceived benefits of 'small talk'. What seemed to be most appealing was the idea that participants could retain some control over the depth and intensity of interaction; contact could amount to a few second's duration through to a slightly more involved conversation that might last for several minutes. The point is that these kinds of social interactions were perceived to offer the benefits of social contact without some of the risks of disclosure and intimacy associated with more enduring friendships, or family relationships. One participant spoke in these kinds of terms about indirect social connection with strangers in a restaurant, and the sense of common purpose that comes with eating the same food:

I just feel like we're sharing something. Even though there are other people in other tables you don't even know, they're eating the same food. So it's like you're included, just eating a meal in a restaurant is inclusive because we come to this place together, even with people in a different table.

Another participant described similar efforts to forge a connection with others in a local café. He described the café as a 'non-threatening little community', adding that 'I just like being around people not, not necessarily having to talk to people … but I guess the food kind of makes me feel good too and you might have some kind of socialisation'. In these instances, eating in the same space, perhaps with a few familiar faces, was enough to constitute meaningful—and safe—social engagement.

5.4   Summary

Throughout this chapter we have reviewed the various data we collected pertaining to the nature and distribution of informal social resources, and the ways that these resources are put to work in the process of developing an experience of social inclusion and place attachment. In the first instance, social resources were found to

pertain to the 'nuts and bolts' of social interaction. Many participants described seeking out local places where they could observe social interactions in a kind of naturalistic context, and so come to learn something of the arts of social connection. Socialisation and the process of developing social networks should be understood as very specific skills that need to be learned in order that one might begin to experience greater social inclusion. It is also worth remembering the role of social interaction in the process of a young person's establishment of independent, stable self-identity (see Miles 2000). Our participants are no different in this respect even though most described a fair degree of ambivalence about the role of social interaction in their lives.

The vast majority of participants spoke of their desire to foster closer, more enduring friendships, even though interpersonal conflict was widely regarded to be one of the most significant mental health stressors. Despite risks, most participants described efforts to identify places and activities in their local communities that might avail opportunities for different kinds of social connection, from the fleeting to the more meaningful. These places were also said to provide numerous social resources to support the process of social inclusion. Above all else though, communities that contained places like this were regarded as 'friendly places', places where one might 'want to stay for a long time'. Social inclusive communities were thus described as highly desirable places to live by almost all participants. To the extent that participants regarded themselves as living in communities like this—and many participants confirmed that they did—participants reported a high degree of satisfaction with their housing and a strong desire to remain where they were living for the foreseeable future. The experience of social inclusion and housing security were thus reported by participants to be closely linked.

6 INFORMAL MATERIAL RESOURCES

While informal social resources are important drivers of social inclusion, the provision of informal material resources was found to be linked in much more direct and practical ways to participants' housing security. Most of the communities, places and neighbourhoods described by participants during the mapping task, the walking tour and/or the photographic activity were said to provide access to a range of material resources in addition to the social resources noted in the last chapter.

6.1 Setting up a home

Often times, participants linked the task of broadening access to informal material resources with the effort to establish a more comfortable home for themselves. Tim explained the process as follows:

> For the longest time all I had really were just some clothes in a bag, not much else really. So you might move in somewhere and you'll have nothing, maybe some old couch from Vinnies and a TV that someone left behind or something. So you never really feel at home in places like that. Like, you know, you are always going to be moving on soon. But now, with this new place, like I really want to stick around. I really think this could be a good place and so I have been getting some help trying to find some furniture, get the kitchen set up a bit. Yeah, I spend a lot of time in the $2 shops around here now just trying to find cheap things for the house, especially things for the kitchen so I can start cooking some decent meals. I've never been much of a cook, but then I've never really had any of the stuff you need, so I have been trying to buy more of this stuff lately. It's actually been a pretty good way to get to know the area too. Like, I'll set myself a little job to go off and find something and then I have to work out how I am going to get there and stuff.

A number of participants described this kind of experience, and certainly local charity stores and $2 shops featured heavily in participant's accounts of the process of setting up their current accommodation. For many participants, the work of setting up a home reportedly generated feelings of excitement and hope for the future, particularly when contrasted with the kinds of unsuitable and/or undesirable accommodation that many participants described having experienced in the past. For example, Mary's community map highlighted the significance of a local charity store, which she later photographed. As Mary elaborated:

> I have my retail therapy here; it's therapy for me, absolute therapy. You can find the most amazing stuff here for five or 10 dollars, stuff I need for the house, or just stuff I might need one day. I love the unknown, you just never know what you're going to find there. I love it. If it closes down, I would be so depressed. It's like heaven really and it always boosts my mood, my endorphins go sky high here.

Figure 5: The Bridge Op shop

We have made repeated references to the significance of a local DVD store in Jack's account of his local community, noting in Chapter 4 a staff member's preparedness to give Jack unwanted movie posters. Jack added that:

> It definitely makes the place feel more like a home, having something up on the walls. And it's something that I like too. Most places I have lived at over the past couple of years, like someone else has done the decorating or whatever. And it's usually pretty awful, just a mish-mash of stuff. So it's great having something of mine. Like that movie *Inception* with Leonardo DiCaprio, that's one of my favourite movies of all time and Mike let me have that poster and now it's up in my lounge-room, so that's pretty awesome.

Many participants offered reflections like this, linking the experience of housing security with the effort involved in making a home for oneself. In most instances this was found to involve some effort to modify one's domestic space somehow; to acquire furniture; to put up art or posters; or to start working in the garden. We have already noted the extent to which participants sourced materials for their homes from local shops; however other participants described acquiring all sorts of everyday household items through extended peer and family networks. As Pauline put it:

> In the place I am now, I started out with nothing, so I had to try and find things for the house just so it would be a bit more livable I guess. And, like, I have never had much money so it's always been this grind. I have always got my ears and eyes open for things that I might need. Like there'll be a garage sale somewhere and I'll pick up a toaster and a cutting board and some cutlery and then a friend of a friend will be moving and I'll get half a dinner set or something. My TV I just picked up off the street, like it's one of those older ones, not a widescreen, and it was just there on the side of the road so I called a friend to come and help me carry it back home, so now I have a TV.

Alan told us a similar story of how he acquired a washing machine:

> I'd never owned a washing machine, I'd always just used Laundromats and then in some places I've lived some public housing places there's been things there so I'd just used that. It was getting to be a real pain actually having to drag all my stuff down the road to get it clean and so much sitting around. Then my brother called one day, he's at Uni and one of his mates was going overseas and was selling up to get some cash so I offered him 50 bucks and

he said sure ok. I almost missed out actually 'cause it took me so long to work out a way to get it back to my place.

In each of these reports, the work of building a home was found to rely on the identification of various informal material resources in one's immediate community. These informal resources helped with the task of acquiring the items needed to set up a more comfortable home. Indeed, the work of setting up a home was found to be an absolutely critical part of the broader experience of housing security. Participants who had successfully mobilised local informal material resources in the course of setting up a home tended also to report a deeper sense of satisfaction with their current accommodation and a desire to maintain this accommodation into the future.

For a number of participants, the work of setting up a home was found to involve the pleasures of the garden, with many regarding the desire to work in the garden as an important indication of their interest in staying in the same accommodation for some time. Richard in Tasmania spoke of the links between gardening and recovery and the virtues of making a home for oneself:

> Gardening is good for mental health. A messy garden can depress you. And I believe places should come with fruit trees instead of just shrubs, for example … so I have planted raspberries, I've got blackcurrant, I've got redcurrant, I've got an apple tree, I've got a fig tree. Just got to wait for them to grow and give fruit. And this is all part of having your own home you know like training yourself to keep your kitchen clean and everything tidy. Once it's done, your mental health improves heaps.

Jim also spoke of the material benefits provided in his garden and the fresh produce it provided for his kitchen. He also talked about sharing this produce with friends and family as individual crops were harvested. Jim directly linked this practice of cultivation and sharing with a kind of 'self-care':

> I think we need to nurture ourselves regardless of whether we have a mental illness or not, but still with bipolar it's sometimes difficult to do that. And that's why I feel really grateful that I've actually got something [the garden] that is so solid. But also what it produces, besides being really good on an emotional level, the fact that I get beautiful food and the joy of being able to give away my produce, and that [giving it away] is part of nurturing as well I think.

Allusion to the therapeutic benefits of gardening was noted by a number of participants. Describing Tasmania's 'mild climate' one participant observed:

> Gardening really keeps me calm. It's really nice to see things grow. I like end results. This has got really pretty flowers. They only just came out. I could not tell you any of the names of the flowers. But it's the weather here; it's pretty easy [gardening], one of the best things for recovery, seeing everything grow.

Other participants described the importance of domestic spaces like their gardens more in terms of particular activities, practices and/or feeling states, and the benefits these experiences provided for one's health and recovery. Sarah spoke in these sorts of terms when describing her garden:

> I just love to sit out here by myself, I have no idea what I think about when I'm out there, it's just that I feel safe and relaxed. The dogs often come and hop up each side of me, with the greenery around me, the breeze, it's lovely.

Noting the particular beauty of the Tasmanian landscape, which he had photographed for the project, another participant added:

Yes, this is the place that I like to sit in the morning and have a cup of tea or have a little bit of toast, and enjoy the sunshine, when we get it, and look out over the mountains at the back of my deck. So it's actually quite nice, and it's nice at night time too, you can see the stars and the moon. To me I just like it, it makes me feel relaxed and [the house] is in a nice quiet sort of area as well, which makes me feel better in myself. But it just makes me feel good sitting outside. It's good for my mind as well, relaxing and having a yard and stuff.

Figure 6: From the back steps

6.2   Identifying informal material resources in place

Other participants tended to speak about their access to informal material resources more in terms of convenience or lifestyle choices rather than in ways that linked more directly with their efforts to maintain a home. In these instances, participants tended to speak of the kinds of material resources they had discovered in their local community and the pleasures they derived from this discovery. As Adam explained:

I love that I have all these shops close by, the bus too. I am always discovering new things and it feels like the whole world is here, people from everywhere. I can grab a juice or buy a book from a second hand store, something for the house, sit in the mall and watch the world go by.

Figure 7: On the mall

Some participants emphasised the importance of gaining access to informal material resources in their local area, and the ways this process helped them get to know a new community or neighbourhood. This access seemed to be especially important in instances where participants reported that they had 'discovered' local informal material resources for themselves. The following quotation is instructive in this sense:

> Well they've got the Link Centre in there, it is part of the school, which provides public internet access, and computers. So I can get in and keep in contact with people, and check emails, and bank balances, and pay bills and stuff. I found this place one day within a five minute walk of home, so that's quite helpful.

Another participant in Tasmania noted the importance of having access to speciality stores in his local area. Describing a photograph he had taken, he said:

> This is the Northern Chainsaw Mowers, so if you ever need any bits and pieces to do anything, you can just walk down the road and go to the Northern Chainsaw Mowers and they sell all sorts of different parts and stuff there, so any tools and stuff you need, you can just go there and get it, which is really good. It's just another great shop in Prospect it's got. Yeah, I really enjoy it.

Later in the same interview, this participant spoke of the importance of having access to local sporting facilities and the material affordances they provided for recreation:

> That one [photograph] is the club room of the soccer ground … so if you ever feel like playing a bit of sport, a bit of soccer, you can join up and, yeah, and it's not really age limit, and it's just a great activity to do … a bit of sport. Sport is good for your mental health as well, I find. You're out doing something, you're thinking clearly, and for fitness as well.

Figure 8: The local grounds

6.3   The therapeutic qualities of material resources

Other participants spoke in a similar vein about the therapeutic significance of material objects themselves. Al spoke of the enabling character of his shed in terms of the materials, tools and objects contained therein and the opportunities these tools presented for the ongoing work of recovery:

> My shed holds my treasures. It's masculine too, like I build my life around the shed, it's part of my life. Like I work in my shed, I work on my recovery.

Figure 9: In the shed

Yet another participant, Bill, spoke in more direct terms about the kinds of material affordances different local places presented in enabling particular kinds of 'healthy' activities. As part of his contribution to this research, Bill produced a photo of a site where he occasionally works in a casual arrangement:

> This is a dog pen I am working on at a friend's property. They are old friends, known them most of my life I guess. When I'm unwell and can't get work, they just look out for me and give me work like this to keep me busy. It's a fair deal and I get to do something physical. It makes me ache and all that, but at the end of it the satisfaction is great and I can make money, instant gratification.

Figure 10: Off to work

The significance of these kinds of therapeutic affordances was illustrated in a rather novel way by Marie, whose favourite places included several local settings ideal for performing handstands. Marie regarded handstands as part of her recovery, likening the handstand to a contest or battle with one's fears and anxieties. She added that:

> [M]ental illness is about feeling fearful or afraid a lot of the time and a handstand is like that, you are afraid of falling or hurting yourself. So the

handstand has taught me how to live with fear, to do things anyway and then to prove that you can beat that fear.

Figure 11: My handstand

Marie's favourite places included sites near her home that afforded the right material conditions for practising handstands. In describing these kinds of affordances Marie highlighted the importance of walls and a clear space to move.

The wall is very important when you are learning handstands. The wall takes away the fear of falling, so it kind of soaks up your anxiety. I've started seeing more walls now and going, just trying them out, looking for that feeling.

6.4   Summary

Access to informal material resources in one's local area has a direct impact on the experience of housing security in a number of practical and immediate ways. Participants spoke in the main of the value of informal material resources like everyday household items, in terms of the work of setting up a home that one might actually want to spend time in. Hence, finding access to a toaster at a garage sale; picking up a TV on a street corner; accessing a washing machine through one's broader peer and family networks; being gifted a movie poster to display in the lounge room; each of these informal material transactions was reported to be central to the everyday task of fashioning one's domestic space, setting up a comfortable home for oneself. More significantly, these kinds of informal material transactions add to one's sense of housing security. Yet this sense of security was also found to be enhanced in the efforts one made to find new hobbies and pastimes both at home and in one's wider community. This was found to be particularly strong in the case of gardening with many participants speaking of the role of gardening either in terms of their sense of recovery and wellbeing, or in terms of their desire to settle down in a particular house. Indeed, in furnishing the material items necessary to establish a home, access to informal material resources in one's local community ought to be regarded as one of the most important conditions of housing security for youth in recovery.

7 INFORMAL AFFECTIVE RESOURCES

Often explicitly, sometimes tangentially, most participants acknowledged the links between place attachment—understood as the development of an emotional bond to place—housing security and social inclusion. Mostly, participants spoke of the importance of *feeling* comfortable and secure at home; feeling as if one belongs in a community where one is valued, with friends and family close by who care about one's welfare, happiness, health and recovery. All participants described at least one place, either in their own home, or in the wider community, to which they felt some kind of emotional bond; a place that produced positive feeling states that were of value to them. It was moreover, in describing these feeling states that participants most explicitly canvassed the relationship between place, belonging, security and recovery from mental illness. A number of participant's favourite places attained this status precisely because they helped to elevate mood; to generate calm; or to manage stressful life events. With more specific reference to one's home, all participants spoke of the importance they placed in the feeling of security and comfort at home. With most participants describing a history of insecure accommodation, the move to a home that one actually liked was regarded both as an essential condition for recovery, but also as a stable foundation for the slow process of finding a place for oneself in a community, building a sense of community and social connection.

7.1 Finding a secure home for oneself

Almost all participants reported a history of unstable and unsatisfactory housing, with many participants reporting that they had moved around from place to place with considerable frequency in recent years. As such, participants mostly reported a history of very poor place-attachment and very low housing satisfaction. Participants spoke of living in insecure accommodation where they had concerns for either their personal security, or the security of their belongings. And so, quite unsurprisingly, most participants spoke very highly of the importance of housing security in terms of one's *feelings of safety, security and satisfaction*. It was common for participants to speak in very emotional terms about their housing, either to reiterate their dissatisfaction or to contrast previous arrangements with what they now regarded to be much more comfortable housing. Participants, for example, often spoke of the 'feelings' generated in particular places at home. As Brian continued:

> The house we live in, it's a great house, probably one of the best I've been in for a long time. It's just got this really, it's funny to say, but a really nice feeling in it. It's positive. It's a very good place to be creative. I do a lot of art here, so I really love it for that.

A number of participants spoke like this, referring to the feeling states they experienced at home and the impacts these feelings had on their experience of recovery and security. To note first the more positive feeling states described by participants, one's home environment was frequently reported by participants as providing a range of affective resources to support recovery. It was common, moreover, for participants to describe their home as providing a private, safe and secure space for them to 'work' on their recovery. As Cara noted:

> I've had a lot of good conversations with people I care about [on that porch] and so now I think every time I sit out there it has this feeling, like this realisation that I am getting a bit better, that I am not as bad as I was. And you know it's really nice coming home to this house and sitting out there and I guess being reminded of that.

A number of participants described similar views, with most nominating home as 'the best place to be' when one is forced to cope with the more negative symptoms of mental illness. Notions of safety and comfort emerged as especially salient themes in this respect, with many participants describing their homes as the most important sources of safety and comfort in their lives. For example, one participant noted that:

> When I cop a bad bi-polar day, all I want to do is be in my bedroom. I have everything set where it is supposed to be, I am safe there with all my things.

Another participant added that:

> I like my home; I have always made my home a sanctuary, that's where I feel comfortable pottering when I am really low, that's the only place that helps.

This sense of belonging and familiarity were endorsed by most participants as important aspects of what makes the home environment, as Kevin termed it, a 'soft place to fall' when dealing with the symptoms of mental illness. Other participants emphasised the importance of maintaining some degree of 'order' or 'organisation' at home. The phrase 'keeping on top of things' was noted a number of times as a way of highlighting this sense of control. Shannon explained:

> It's really important for me to stay on top on my house work. Because I already feel out of control with my thoughts and when my house is a mess then it makes it worse. But when my house is clean and everything is nice I am able to cope with things a lot better.

Marie further endorsed the significance of this sense of control:

> I feel a lot better when I have the house work done, because otherwise it's just always there and it gets you down when you're sitting around and your house looks like a bomb hit it.

Order in the home was in this sense directly linked to one's capacity to cope with mental illness. In instances where participants reported a high degree of satisfaction with their domestic arrangements, and a related sense of comfort and security, this order was reported to be an important affective resource in support of participant's recovery. Order in the home helped to make it a safe and comfortable place to 'ride out the waves' of mental illness. Other participants spoke of activities they undertook at home to try and make themselves feel better, or to try and cope with bad days or other stressors. Many participants emphasised the importance of rest and relaxation, especially good sleeping during the 'lows' as Georgette called it. She added that:

> When you're in a low, the thing you need to do is fundamentally sleep your way out of it. Sleeping is very important and you need to allow yourself time to just rest and just feel bad … or it will drag on like a terminal illness.

It is also worth reflecting on observations offered in the last chapter regarding the feeling states that some participants associated with their homes. Recall Sarah's description of her garden and the ways this space makes her feel:

> [I]t's just that I feel safe and relaxed. The dogs often come and hop up each side of me, with the greenery around me, the breeze, it's lovely.

Also recall Tom's description of the beauty and proximity of the Tasmanian landscape:

> To me I just like it, it makes me feel relaxed and [the house] is in a nice quiet area as well, which makes me feel better in myself. But it just makes me feel good sitting outside [looking out over the mountain]. It's good for my mind as well, relaxing and having a yard and stuff.

Alice spoke in a similar way about the affective resources available in the garden at her Mother's home where she was living 'temporarily, I hope'. She added that:

> Places like this do really help because they give me time to sit and think. Mum's got this, like a wooden seat in the garden, and I go out at night or during the day and I just sit there and look out and it is just a break from everything. When I first started getting sick it was the only area that I could find that helped me not having to think about everything. So now it reminds me when I take the five minutes or 10 minutes out that I just need to sit down and calm down.

However, in characterising the informal affective resources available in their homes, most participants spoke in terms of solitude, safety and freedom. As James put it:

> At home I can be totally myself. I don't have to put on a facade or be worried about what other people think, or how they might react to me, and my moods, being sick I guess. I don't have to hide anything. I'm totally free to be myself.

April spoke in a similar fashion about her kitchen, describing it as the 'most secure place' in her life. Asked to elaborate, April added that:

> Pulling into the driveway, it's like entering another world for me. I know that when I get into the kitchen and make a cup of tea it will be me here, that's me and then the outside world. It just makes me feel safe and in control of things.

In each of these reports, the space of the home ought to be regarded as critical in terms of the affective affordances it sustains to support recovery and to cultivate an enduring sense of comfort and security. The home is enabling for Sarah, Tom, James and April, among others, to the extent that it furnishes affective resources like intimacy, solitude, safety and reflection to facilitate recovery and to sustain a more hopeful outlook. All of these feelings add to one's sense of security at home.

7.2   Finding one's place in the community

Despite the insistence with which so many participants spoke about the importance of feeling safe and secure at home, a smaller number of participants also noted that it was equally important to get out of the house, to avoid rumination, to 'get a change of scenery' or just to 'have some fun, do something different'. A number of participants spoke of how easy it was to 'get lost in your own head' at home as one participant put it, especially in instances where one was living on one's own. As Andrea explained:

> Home's a great place to be, but sometimes when you want to take your mind off things it's not a good time to be at home because you know, I can't really explain it. It's nice to be at home, but sometimes that's where you do a lot of your thinking, at home, so if you go out somewhere different then that will take your mind off it and get you to focus on where you are. Because you're always at home, if that's where you think, so sometimes you need a good distraction just to stop your mind going somewhere dark you know?

Andrea's view was reiterated by a number of participants, with many speaking of the importance of finding safe places outside of one's home to help manage 'bad days'. Peter spoke alternatively of the importance of a local church and a bookshop:

> They are both important places for me when I am trying to cope with some of my negative emotions I guess you could call them. So I generally visit (the church or the bookstore) when I am feeling that way because I know they will help me. Just the feeling and the atmosphere of these places, it just helps me to relax, take my mind off things I suppose.

Figure 12: Where I go

Cara further emphasised the affective meaning of sacred spaces like her Church:

> I think that being in church is a really significant place because of my religion. I feel like being in church I am safe from evil things and I'm close to God so I feel protected. I guess I have a lot of good memories in the church.

Another participant, Lily, noted how sitting outside of her local McDonalds among 'the aroma of fried food' made her 'feel much better'. She went on to describe her local public library as a 'quiet place' where she could read about different stories, experiences and perspectives, which helped her 'see things a bit better'. In describing places in their local community that provided these kinds of affective resources, most participants identified reasonably familiar places like libraries, churches and book shops. However, others identified some rather unusual settings. Jed's favourite places, for example, included a local cemetery:

> I look at that cemetery and go, 'It's great to be alive'. I look at that river and go, 'the river is still flowing Jed, you're still here'. That river changes every day, that's a reflection back on myself, like there's always something different about life. If I keep serving myself, it helps me maintain my recovery.

Figure 13: Out from the cemetery

Jed went on to describe the cemetery as a 'peaceful, quiet place' that helped him to feel more hopeful about his own recovery, particularly on 'down days'. For Matt, this kind of affective experience extended to the local streets around his home, although in contrast to most other participants, Matt was quick to emphasise the temporal significance of these places. These streets were only significant for Matt, only therapeutic, at particular times during particular activities:

> [G]oing for a walk at three o'clock in the morning, I feel quite safe on the street, cause its dark and there's no one around, everyone else is asleep. There's no energy floating around the air, you know people's manic energy, everybody's resting. So I find the streets around here quite calm and peaceful at night, even though it goes against what should be because you're not supposed to feel safe at night. I don't know, but for me the darkness is safe. The world is at rest and it just makes me calmer.

Other participants described experiencing similar kinds of states on public transport. For many, public transport provided a space to 'relax and calm down' and/or a means to 'escape negative situations'. For example, Georgette described the sense of comfort and peace she gets from travelling on various forms of public transport:

> I'll get on buses, I'll get on trains, I'll get on trams for the purpose of sitting there and basically calming down. It's purely the movement you see, I'm not in control of anything. I can just let go. I can sit there. I can think whatever I want. So when I go through a low, public transport is something that gives me an enormous sense of I'm going somewhere without really moving. So little did Metlink know that they were providing me with some form of therapy.

For some, public transport offered an opportunity to explore their community 'safely':

> Trains used to really scare me, when I was really bad I just couldn't think of anything worse, all those people then the doors close and you can't get out. It all used to just freak me out. So I guess I knew I was actually getting a bit better when I realised that I wasn't so scared anymore and I started to think that I could do it again. And now it's great, like I suddenly feel like I can get out and about a bit more and maybe get to visit other parts of Melbourne again.

Other participants spoke about their cars in the same kinds of affective terms. Cara for example told us that:

> When I'm feeling like crap, especially if I have a trigger, the first thing I do is run to my car. So every time I'm having a fight with my boyfriend or having a bad day, when I get into the car, I know that I am leaving the scenario to go somewhere that I can feel peaceful.

Carol spoke in similarly affectionate terms about her car, alternatively calling it either 'the beast' or 'the dykemobile'. She then said that:

> I love it. This car has so much character and I don't mean character as in it's got things wrong with it. It's actually perfect. You couldn't kill it. I'm sure it will last a lot longer as well. It's wicked. I just love that car. I love travelling everywhere. Me and my friends like Coby we both have this thing where we just sing our guts out in the car, out loud. People driving past must think we're just out of it or something … it's just such a great car and I think that represents travel as well, travelling, it feels like everything's lifted off your shoulders a little bit. It's great. Yeah, we go everywhere in that beast.

7.3 The aura of natural places

A number of participants highlighted the importance of 'natural' places like parks and public gardens in their recovery. These places reportedly provided a peaceful and calm space for solitude, relaxation and 'reflection' Participants also explained how being in natural places helped them to 'shake off the blues' as one participant put it. We would regard these places as especially potent sources of affective resources like hope, optimism, relaxation, relief and serenity given how often participants reported visiting local parks and gardens in an effort either to sustain positive affective states or to help moderate negative effects. The affective benefits associated with natural places were varied, although most participants highlighted the importance of connection to nature and relief from stress. Some participants explained that simply sitting in a natural setting helped them to relieve stress, whereas others described the combined benefits of being in a natural place and exercise. For others, contact with nature helped to combat feelings of isolation or loneliness. As Liz explained:

> I have always loved the Botanical Gardens, even as a child, but ever since I was diagnosed it has just been so important for me. It just makes me feel alive again, the greenery, all the plants, all that life all around. And the silence too, like I can just sit and watch things go by. It just makes me really happy.

Figure 14: The botanical gardens

For Melissa, parks and gardens in and around her local neighbourhood reminded her of the force of nature, the fact that 'life just goes on'. She added that her favourite place (a local park) provided a range of affective resources to support her recovery.

> I drive about five minutes to get to the park almost every day. There's another park closer by, but it doesn't give you the same feeling. The smell, water, trees, the birds, it's peaceful. I just always feel like I am getting better here, living better I suppose.

Figure 15: The local park

A number of participants suggested that natural spaces were particularly important in helping cope with 'bad days'. As Mark reported:

> And I just come out here when I want to be outside. It's just being outside, the combination of being in nature, and the exercise, it is the best stress relief. So yeah, as soon as I get to the park I can feel my stresses melt away.

A number of Tasmanian participants shared similar anecdotes about the affective resources available at local parks and beaches. Typically, respondents emphasised the ostensibly therapeutic properties of water. Summing up these views, Simon noted:

> I find the water pretty calming. I can listen to the waves lapping on the shore, I can just sit there for ages; it just takes me out of my head. Well, I find the water really calming, I have always loved the water.

Other participants reported valuing the solitude that natural spaces potentially offer. Some participants reported seeking out specific parks that offered greater opportunities for privacy, providing a 'comfortable place' for one to relax and be by oneself. Indeed, the provision of a quiet and secluded space was a highly valued characteristic of natural environments for many participants. Bianca explained that 'if there are heaps of people there (in her preferred park) then I usually get back in the car and go somewhere else just to get that sense of peace and quiet'. Other participants emphasised the aesthetic properties of natural environments, and the ways these places facilitated a sense of peace and relaxation. Some participants explicitly linked this experience with the promotion of wellbeing. As Nina put it:

> A healthy environment gives you hope. I need to be in nature, I just really love it. Maybe that sense of hope that there is still some bush left, like hearing the frogs. That there is still hope for myself and the world to be healthy.

Crista attributed the positive affective benefits of nature to a sense of spirituality:

I think that the bush is a really holy place. You can feel the life in trees, if you hug a tree, you can feel it. I get immersed and then you forget about your own worries. They are more insignificant compared to the trees.

Lily also spoke of the restorative or therapeutic benefits of natural places and the kinds of feelings states that she is able to achieve by visiting local parks and gardens:

It just makes you feel so alive in a way. It gives you energy, like you can smell a lot better. You can feel things a lot better. It's almost like a rebornish kind of feeling where you feel like, ahhh, I can actually do something, I'm feeling fresh.

Reflecting on a recent visit she had made to a friend's farm, Margaret added that:

I was just amazed at how beautiful it was. It really helped to show that there are a lot of things out there that I haven't seen yet. You know, recovery is the place where you can actually go out there and see things like that and want to see things like that. Depression really holds you back from doing the things you want to do and a place like that kind of reinforces this sense that, like, don't hold yourself back ever because there is so much more out there for you.

Other participants reportedly associated spending time in local parks, beaches and/or gardens with a sense of connection; a feeling of being a part of the 'natural universe', 'belonging to nature' as one participant put it. Crista reported that:

I get this really witchy feeling around gum trees, feeling so connected. I suppose with bipolar you have the duality of the perfection and connectedness and then the opposite when you feel like you are being repelled from the universe.

A number of participants described similar experiences and the importance of feeling this sense of connection to place or nature. As Dan observed: 'trees don't judge you'. Another participant, Phil, reported that he enjoyed spending time in a local park because 'it is easy to feel free there and not be held back by society'. David noted that being in a natural place 'brings me into the present'. For Kevin, walking in the park helped him to 'remember life is about living for the moment'. Others reported appreciating the peace and quiet of parks and gardens; how even in the middle of a busy city like Melbourne, the park can help 'you forget about all the cars, the distractions, the noise and just get back to nature, and it takes me out of my head'.

Participants were also asked if they always experienced the same positive benefits in the places identified in their maps, walking tours and/or photographs. Most reported that such places always provided at least some improvement in their mood, but some added that they were not always in a state well enough to visit these settings. These participants indicated that they felt that natural places were most effective in facilitating their recovery when they were already on the 'return to health'. Dan explained that when he is 'really in a bad way', he is not able to walk in his favourite park and instead has to wait until he improves enough to have the drive to go outside.

7.4 Summary

The comments provided by our participants indicate very strongly the importance of having access to informal affective resources in one's community, and the ways that these resources can help both with the development of housing security, and one's health and recovery more broadly. To speak first of the role of informal affective resources in shaping one's sense of housing security, in instances where participants reported a strong sense of affective attachment to their housing—a sense that their home was associated with a range of positive feelings—participants also reported a high degree of housing security and a strong desire to stay in their current home. This

suggests that engagement in activities, hobbies and pastimes in and around one's home enhances one's experience of housing security to the extent that such activities work to generate positive affective states and positive experiences that serve in turn to enhance one's sense of attachment or belonging to place.

We also found of course, that this process extends out into the community, with almost all participants in each of the three research sites describing an array of places and activities in and around their local communities that provided varied informal affective resources to support their recovery and the wider experience of social inclusion. Including parks, gardens and beaches, as well as shopping malls, DVD libraries, hair dressing salons, op-shops, bookstores and cafes, the places and activities described by our participants sometimes involved social interactions with friends, family, peers and strangers, but more often were found to involve more solitary and affective experiences of place. These kinds of places were found to be central to recovery from mental illness, often providing affective resources to restore hope and confidence, or to help one cope with some of the symptoms associated with mental illness. Yet they also served to support participants' housing security by enhancing the amenity or perceived 'livability' of the neighbourhoods, communities or regions in which participants lived. We will now turn to consider some of the implications of these findings for the delivery of housing and mental health care services and supports for youth recovering from a mental illness.

8   CONCLUSION

In this final chapter we set out the housing policy and service delivery implications of the findings detailed in the last four chapters, drawing also from discussions conducted in the second phase of the project, which involved focus groups with housing and/or mental health policy-makers, advocates and service providers in Melbourne and Launceston. Focus groups provided opportunities for key stakeholders to reflect on existing priorities in housing and mental health policy-making in Australia, while also considering the scope for program innovation.

In exploring these issues, we will also seek to locate our findings within broader academic, policy and organisational contexts. First, however, we will briefly review the key research findings generated in phase one as a way of highlighting the most policy relevant aspects of the project.

8.1   The role of social inclusion in housing security

Our findings reveal the close and abiding link between social inclusion and housing security for youth recovering from mental health problems. Indeed, social inclusion and housing security appear to grow together for youth in recovery, in that as one's experience of social inclusion grows, one also tends to feel more secure in one's accommodation, with a greater sense of satisfaction in one's housing. Housing security and social inclusion each support one another, so that increased housing security provides the ideal foundation from which youth in recovery may 'explore' their local community in ways that lead to increased social inclusion. As our participants maintained, secure housing is an essential prerequisite for greater social inclusion, even though increased social inclusion tends itself to enhance one's sense of housing security.

While it may be tempting to regard housing security as the primary consideration for youth in recovery, with social inclusion remaining a more secondary concern, our data paint a much more complicated picture, with participants talking about housing security in a range of personal, subjective and affective terms. As many of our participants noted, the experience of housing security is as much a function of one's community attachments—the sense that one belongs in a community, and has a range of connections to local people and places to sustain this belonging—as it is a product of the tenure and/or amenity of one's accommodation. Significantly, our data shed light on how social inclusion actually sustains housing security, and why efforts to enhance young people's experience of social inclusion ought to remain a key feature of housing policy and service innovation in this country.

Perhaps our key finding is that social inclusion supports or promotes housing security for youth in recovery by *opening up access to a raft of informal community resources*. Informal community resources are the primary means or mechanisms by which social inclusion may be said to bolster housing security for youth recovering from mental health problems. Social inclusion promotes housing security inasmuch as greater social inclusion is associated with increased access to informal community resources like social capital, material items and the affective experiences that give rise to belonging, hope and self-confidence.

As we have indicated in each of the last four chapters, our participants reported that greater access to informal community resources provides social, material and affective support for the everyday work of enhancing or restoring one's housing security. Housing security must not, in this respect, be reduced to the mere material tenure of one's accommodation. Indeed, among our participants we discovered that

housing security is as much an *affective and social achievement* as it is a function of material assets and supports. This suggests that while the maintenance of access to stable, amenable housing is critical for youth in recovery, housing security also reflects the depth of one's social, peer and family ties in a community, as well as one's affective attachments to home, place and community. Hence we would conclude that housing security has social, material and affective dimensions, even though the material dimension has hitherto dominated academic and policy discussions of the issue at the expense of an adequate understanding of the social and affective aspects of housing security. It is worth briefly summarising the evidence we marshalled to support this conclusion before turning to consider the policy and service delivery implications of these findings.

8.1.1 Informal social resources

The importance of social inclusion—understood in terms of the maintenance of intimate relationships, social ties and the capacity to meaningfully participate in the social life of one's community—was endorsed either explicitly or tacitly by all participants in each phase of our study. What we found was that young people's social networks potentially furnish a host of informal social resources useful for the work of enhancing one's recovery and building a sense of housing security and place attachment. Social resources constitute the *building blocks* of social interaction in terms of the capacities required to make and sustain social contacts such as friendships, peer relations and casual acquaintances.

Our participants reminded us that these capacities have to be cultivated in diverse social contexts. What's more, the cultivation of social capacities was reported to be greatly aided to the extent that one can access informal social resources in one's community to support this work. And so, a local café, bookshop, DVD library, hair dressing salon or hardware store may be said to be rich in informal social resources to the extent that it provides opportunities for participants to learn something of the art of social interaction.

It is important to acknowledge of course that participants also stressed how fraught family, peer and social interactions can be for youth recovering from mental health problems. It is not just that mental illness tends to produce symptoms that make social interaction more difficult; it is also the case that the social stigma that still attaches to mental illness oftentimes makes it difficult for individuals living with mental illness to enter into the sorts of relations of trust and disclosure essential for all social inclusion.

It is arguably for these reasons that so many participants emphasised the importance of places and community settings where they could observe social interactions at an apparently 'safe' distance. This included participants who spoke of sitting in cafes, or shopping malls or on trains, watching people interact, speculating about their purpose and the topics of their conversations, observing their bearing, picking up social cues. It follows that socialisation and the process of developing social networks should be understood as very specific skills that need to be learned in order that one might begin to experience greater social inclusion. This is, in part, what we mean by informal social resources. Such resources, accessed in diverse local community settings, provide opportunities for individuals to observe and then acquire essential social skills, like how to start and maintain a friendly conversation in a café or hair-dressing salon; how to ask for help using the computers at a local mental illness fellowship; or how to ask for advertising materials once they are no longer needed in a local DVD library. Taken in isolation, these kinds of capacities (or 'life skills') may seem incidental, until one recalls how essential they are for almost all aspects of daily life. Most individuals acquire these skills throughout childhood and into adolescence and early adulthood (Catalano et al. 2004). Aged mostly in their early to mid-20s, our participants

described various life disruptions including hospitalisations, homelessness, family conflict, drug and alcohol misuse and interrupted schooling. All of these disruptions likely compromised the ongoing acquisition of the various social competencies required for constructive social inclusion. It may well be for this reason that so many participants reported to enjoy spending time in local community settings observing social interactions prior to (or as a complement to) engaging in such interaction themselves. We would argue that this observational work may well be primarily concerned with learning (or conforming with) the social norms that structure 'normal' social interaction, primarily by accessing and then utilising informal social resources in the service of fostering social interaction and thus cultivating social inclusion.

These processes have both direct and indirect impacts on the experience of housing security for youth in recovery. Indirectly, we would observe that some basic set of social competencies is essential for the acquisition and maintenance of secure housing. Participants spoke, for example, of the importance of finding ways to get along with one's neighbours, especially in the period immediately after one had moved into a new home. Others spoke of their difficulties dealing with bureaucrats, housing providers, key workers and support staff, and how essential it was to develop at least some degree of rapport with such people in order to maintain stable housing. Other participants who reported to have private rental accommodation mentioned the challenges associated with dealing with real estate agents and/or landlords. In each case, maintaining one's accommodation, its security and amenity, relied in one way or another on maintaining key relationships. The effort involved in maintaining these relationships was reportedly facilitated by the kinds of informal social resources one might have access to locally in one's community.

The sense we got from our participants was that both social inclusion and the maintenance of one's housing security rely on access to informal social resources that may assist one with the process of learning 'how to be social', how to maintain key relationships and how, most importantly, to avoid, or at least help cope with, inter-personal conflict. And so most participants described efforts to identify places and activities in their local communities that might avail opportunities for different kinds of social connection.

These places were also said to provide numerous social resources to support the process of social inclusion, as we have noted. This suggests a further indirect link between social inclusion and housing security inasmuch as neighbourhoods that were said to be rich sources of informal social resources were also regarded as 'friendly places', desirable or amenable places; places where one might wish to reside for an extended period of time. Almost all participants emphasised the desirability of places and communities like this; places rich in informal social resources, with varied opportunities to enhance one's experience of social inclusion. It appeared moreover, that many participants were prepared to accept some compromise in the quality and/or amenity of their accommodation if it meant being able to stay in a community with these kinds of informal social resources.

This suggests that access to local informal social resources is a significant feature of the desirability (or otherwise) of a community, impacting the length of time individuals may desire to reside in a place. This is another of the social aspects of housing security alluded to above, in that access to informal social resources provides support for the maintenance of housing security, just as it enhances the desirability or amenity of the wider community. In this way, the experience of social inclusion and housing security were reported to be closely linked for our participants. Each advances or retreats in tandem.

Yet we also discovered more direct links between access to informal social resources and housing security. As we noted in Chapter 5, a number of participants spoke of informal social resources in ways that reflect the existing literature on social capital (see Almedom 2005). Participants spoke of friends and family helping them to find or secure suitable accommodation; helping them with referrals to housing services; or assisting with the process of finding a rental property. Others spoke in more direct and pragmatic terms about the importance of having friends and family that one might borrow money off from time to time to help with bills, rent or other domestic expenses. Involvement in family and social networks was in these ways, associated with access to varied forms of social capital, like information, advice, trust and support, that many participants reported drawing from in the process of acquiring secure accommodation. Others spoke of the importance of having a space to entertain family and friends, and how the capacity to socialise in one's own home greatly enhanced the 'homeliness' of this space and one's sense of attachment to it. The cultivation of a space for social interaction at home needs to be understood as an important dimension of housing security.

More specifically, cultivating and sustaining social and peer relationships in and around one's home was described by a number of participants as an integral part of finding one's place in a community; a sense of belonging and independence. Housing security, understood as both a matter of tenure and a function of one's capacity to establish and maintain a home for oneself, was reported to rely on one's access to informal social resources to the extent that such resources are essential for the maintenance of one's personal and subjective attachments to a home. It follows that having friends to borrow money from, or who may give one a toaster or a washing machine, directly impacts one's housing security. This speaks more directly to the role of informal material resources in maintaining housing security for youth in recovery.

8.1.2 Informal material resources

Most participants mentioned the importance of acquiring and/or retaining material goods, belongings or objects in the process of setting up a house for themselves. It wasn't just the case that some material objects were reported to be indispensible for independent living (like a refrigerator, everyday household utensils, and reasonable furnishings). Participants also spoke of the importance of having one's personal effects 'at hand' as it were, secure and safe. Most participants spoke of having lived for long periods in places where their belongings were not secure, so it is perhaps unsurprising that so many should have emphasised the importance of material security at home. More directly, various material items were found to be essential to setting up a home in that such objects reportedly helped one to develop some sense of security, some sense that one was 'staying put for a while' as one participant described it. Given how frequently most participants reported to have moved around, many participants reported experiencing difficulties acquiring the varied material items needed to set up a house. These participants added that the absence of what they regarded as essential material items made it difficult to develop a commitment to—or a sense of security in—a dwelling. Almost all participants reported accessing such material items informally, hence our insistence regarding the role of informal material resources in setting up a home and the establishment of housing security.

The capacity to access informal material resources in one's community was found to shape participants' housing security in a series of direct, practical ways. Mostly participants reported to be on fixed, modest incomes, restricting their capacity to purchase the items they needed for their homes. And so, participants relied instead on more affordable options such as local op shops and '$2 stores'; help from key support workers to access materials through charity networks; advice and support from friends

and family who were often reported as key sources of essential household items; through to local garage sales and even objects left abandoned on the street. What in Chapter 6 were called informal material transactions were reportedly central to the everyday task of setting up a home for oneself, as one slowly acquired the things one needed to furnish a house such that one wasn't left 'staring at blank walls' as one participant put it. Access to material goods through varied informal means was thus described as an important part of setting up a home that one might feel secure in.

Yet we also found that access to local informal material resources was deeply implicated in the efforts some participants described to fashion or personalise their home. Participants here spoke of their desire to set up a comfortable home, in a style that felt consistent with their tastes and preferences. Commonly participants spoke of the efforts they had made in the recent past—or were continuing to make—to decorate their homes in particular ways, or to make 'a bit of an effort' in the garden.

Participants spoke in particular about the importance of creating 'comfortable' spaces at home, having all of one's favourite belongings secure and in the one place. For some this space was the lounge-room, where participants could relax, watch a movie, play games, read or just relax. Other participants emphasised their kitchen space and the pleasure they derived from learning how to cook, or in preparing meals to share with family and friends. Another group of participants spoke of efforts to establish a garden for themselves. Each of these attempts to modify one's material environment was found to rely in one way or another on one's access to informal material resources, like the crops in one's vegetable garden, the movie posters for one's lounge room, or the dinner set discovered at a local charity store. All of these efforts contributed moreover, to participants' sense of housing security, inasmuch as access to informal material resources reportedly helped to ensure that participants were able to acquire the materials they needed to set up a secure, safe or comfortable home.

8.1.3 Informal affective resources

All of this suggests of course that housing security is as much a feeling—an affective achievement—as it is a material reality. Most participants spoke of their homes in a range of emotional and/or affective tones, both positive and negative. Oftentimes participants betrayed a high degree of ambivalence when talking about their homes, even though most participants reported to be reasonably happy with their current housing, particularly when contrasted with other spaces they had recently lived in.

Participants mostly noted that they generally spend quite a lot of time at home and so the kinds of 'affective atmospheres' (Anderson 2009) or moods generated at home can often have a profound effect on one's mental health. It is important to add however, that the most important feeling participants associated with housing security was not necessarily the idea of autonomy, but rather that of safety. While, typically, we might regard housing security as a function of autonomy and control—the idea that one has control over one's housing in terms of the length of one's tenure and the manner in which this housing is maintained or presented—among our participants, housing security was much more closely associated with the idea of personal safety, and the extent to which one might reduce the risks or hazards present in one's life. In talking about the issue of safety, most participants described periods living in places like transitional housing or supported accommodation, where their personal safety was often threatened somehow. Participants mentioned living in supported accommodation, boarding houses, half-way hostels and crisis accommodation in which one's sense of immediate safety, and longer-term sense of a safe future, were threatened. Set in this kind of context, participant's reports of housing security were mostly cast in terms of feelings and moods; in terms of the way a place made one feel and how it affected one's sense of purpose and one's expectations and ambitions for

the future. Hence, to feel secure at home was reported primarily to be a matter of feeling safe, confident about the future and more hopeful that one's life and recovery was 'on track'. In a memorable description, a participant in Melbourne added that:

> When you live in scary or really horrid places, you know where you don't ever know what people are going to do and so you are moving around a lot, it always feels like you [are] at the brink, you know what I mean by the brink? Yeah, so it always feels like you are just about to go over the brink. So when you finally end up moving to a better place, umm, nicer and safer I suppose, then it just feels like you are taking steps back from the brink, back to safety.

This kind of sentiment is what we mean when we say that one's home potentially provides a series of important affective resources to support the development and maintenance of housing security. Many of our participants described a rich array of these resources in their own homes—often by way of contrasting their present living arrangements with earlier less salubrious accommodation—and how these resources helped to build a sense of safety and security at home. And so, the lounge room that finally features some furniture and some of one's personal effects becomes an important place for cultivating particular kinds of positive affective states. Others described similar experiences in their kitchens, or in the yard or garden. These kinds of spaces generate varied affective resources to support the slow development of a sense of security in place. It is tempting to add that without this personal feeling of safety and contentment, the very idea of housing security is rendered meaningless.

Yet, of course, the vast majority of participants who spoke of affective experiences like this at home also spoke of accessing informal affective resources outside of the home in their community. Furthermore, these informal affective resources were reportedly accessed in all sorts of everyday places, many of which did not appear on the face of it to be obvious sources of affective states like hope, relaxation, restoration, optimism and/or contentment. As we noted in the last chapter, participants reported accessing informal affective resources in places as diverse as hair-dressing salons, book shops, cemeteries, DVD libraries, cafes, street-scapes, shopping malls, public transport and cars. In each case, participants reported to derive particular kinds of positive effects from spending time in these places. Sometimes, these feelings were a product of particular kinds of social interactions experienced in a particular place, but far more commonly participants stated that simply spending time in these places had a positive effect on their mood and feelings.

The places that sustained these moods were described as positive places, places that generated positive affects and thus helped to sustain positive moods and/or mitigate negative affective states. As significantly, these places also served to nurture and sustain some degree of community attachment or belonging. Whether our participants described local 'enabling' places like a bookshop, a cafe, or a DVD library, or green spaces like parks and gardens—or a mixture of both—the point regardless seemed to be that each such place provided an array of informal affective resources that served varied therapeutic functions for our participants, including importantly an enhanced sense of hope for one's recovery.

More directly, these same places were critically important in the development of the participants' sense of housing security inasmuch as these places helped to build a sense of security in a community. We are not arguing that community places can provide security sufficient to compensate for the absence of security in one's immediate home. Rather, we are arguing that housing security is always set in a broader neighbourhood or community context. And so, participants who reported accessing informal affective resources in a variety of local places were also likely to

describe their community as safe, friendly or livable, and more likely than other participants to report satisfaction with their current accommodation.

Housing security, in this broader sense, thus derives to a greater or lesser extent from the array of informal affective resources one can access both in one's own home and out in the wider neighbourhood or community context. This further suggests that housing security is a process that ebbs and flows according to all manner of diverse social, material and affective factors. Among our participants, it is certainly not the case that housing security derives solely and simply from a secure rental agreement or some other form of contractual guarantee. Such agreements are obviously important, but housing security must also be nurtured in the cultivation of a home that one feels comfortable and safe in, in a neighbourhood that provides opportunities for social inclusion and with access to a range of local places that inspire feelings of belonging, purpose, hope or connection.

This conclusion adds further weight to the argument that housing security for youth recovering from mental health problems requires both the provision of adequate, safe housing, in addition to a range of social services and supports to promote the experience of social inclusion. These latter social supports, which are sometimes regarded as 'optional extras' in the design and delivery of public housing and/or supported accommodation are, as our participants have indicated, far more central to the development of housing security than often imagined. While social supports are increasingly integrated into mental health housing programs around the country, our findings would suggest that there is a case for 'scaling up' these services, offering greater diversity in the range of supports available to youth in recovery to ensure real progress in the inclusion of youth in communities in which they live.

8.2   Implications for the design of housing programs

We have concluded that housing security for youth recovering from a mental illness ought to be understood as a process of 'becoming secure' involving varied social, material and affective aspects. Our research further suggests that housing security is greatly facilitated by the kinds of informal resources that individuals are able to access locally to support social inclusion. In what is perhaps our most critical finding, we would argue that the community is a far more productive source of these resources than hitherto imagined. While the community has long been recognised as an important source of formal resources to support housing—like those provided by dedicated public housing authorities, mental health services, employment and training programs—our project highlighted the importance of *informal community resources* in the development of housing security for youth in recovery. Examples of these informal resources included the conversations facilitated in cafes, hair salons and charity stores; the material affordances provided in parks and gardens; the satisfaction derived from tinkering with tools in the shed; the thrill of a handstand on a city street; the quiet repose of the botanical gardens; the solitude of the city streets at 3am; or the affective resources furnished in cemeteries, churches and book shops.

These kinds of informal community resources were found to be significant factors in the experience of housing security for our participants, despite their sometimes tenuous character. Indeed, it is critical that we acknowledge the often tenuous or unstable character of informal community resources, mainly because we conclude that this instability gives rise to the most important policy and service delivery implication of our project. It suggests, in the first instance, the need to devise novel ways of enhancing young people's access to informal community resources, while ensuring that the resources that youth already access are as effective as possible in facilitating their housing security.

Put more simply, we would argue that there ought to be a role for housing policy-makers and service providers in facilitating young people's access to informal community resources, to ensure that access to these resources remains as stable as possible over time. There can be no doubt that the informal community resources identified by our participants are nowhere near as stable, reliable or uniformly effective in promoting their housing security as formal resources and supports. While we argue that both formal and informal resources are critically important in the establishment and maintenance of housing security for youth in recovery, the unstable and tenuous nature of informal community resources means that youth must constantly engage in the process of identifying and cultivating informal resources given how often such resources shift, deplete or simply disappear.

As our participants either acknowledged or implied, if the local cafe, hair-dressing salon, DVD library, bookshop or charity store in which one customarily accesses informal resources suddenly closes, or the staff with whom one has developed a relationship with move elsewhere, then the informal community resources that had hitherto been accessible in such settings are likely to diminish or disappear also. What this means is that the informal resources that one may rely on to help foster a sense of community belonging and housing security very rarely remain stable, and so cannot on their own provide a long-term guarantee of housing security for youth in recovery.

More directly, as our participants attested, the work of identifying and cultivating informal community resources is an ongoing process, often conducted in difficult circumstances where disruptions and setbacks are common. And so the store of informal community resources that one has access to locally is likely to be highly variable over time, while the places that support the generation and distribution of informal community resources are themselves subject to varying pressures which directly impact their capacity to yield such resources. For example, the park or beach which provides affective resources in the summer time may be far less productive or generative of such resources at other times of the year. Alternatively, the charity store that has long provided access to informal material resources might from time to time yield very little of value, just as the flow of material goods circulating in one's social network may slow. Or moreover, the second-hand bookshop where one often browses for cheap fantasy novels may change hands, with the new owners preferring to stock other genres. The point is that access to informal community resources is highly contingent on a range of factors, most of which are beyond the control of youth in recovery. Hence, while we found that access to informal community resources is a key mediating factor in our participants' experience of housing security (and insecurity), the extent to which the informal resources identified by participants will continue to yield benefits over the longer term is far from certain.

We base this conclusion on the finding that almost all participants in our study discovered or identified informal community resources themselves, without formal support or facilitation. Access to informal community resources among our sample was thus as much a process of trial and error—sometimes even simple luck or chance—as it was a function of careful planning and foresight. This says something valuable about the character of informal community resources, but it also suggests some innovative new directions for community-based housing and mental health care and support. One such direction concerns the role that formal housing and mental health services might play in the ongoing facilitation of young people's access to informal community resources. Indeed, we would argue that the various informal resources documented in this project indicate grounds for novel community-based housing and mental health interventions. While it is tempting to suggest that the resources identified by participants are supportive of their housing security precisely because participants have cultivated them themselves—that is to say that the activity

of identifying and accessing informal community resources is itself consistent with the process of maintaining housing security—it is nonetheless evident from our research that participants who described access to a wide range of informal community resources also reported greater confidence in their housing security, and greater hope and optimism for their broader recovery, health and wellbeing. This suggests that there may well be a role for community-based housing and mental health services in brokering access to *informal community resources*, and for equipping individuals with additional skills for the identification and cultivation of these resources. One obvious way of achieving this could be to involve mental health 'consumers' in the creation of peer-support and mentoring programs to foster access to local community resources. Consumers are playing an increasingly important role in the provision of community-based housing and mental health care in most Australian jurisdictions, suggesting that a ready infrastructure is likely available in many places to support the kinds of innovations mooted here (see Andresen et al. 2011; Boardman 2010; MHCA 2009).

One existing program that could provide such support is the Federally funded Personal Helpers and Mentors (PHaMs) Program which has recently been expanded in Victoria and Tasmania (see FaHCSIA 2010). A number of participants in the Melbourne and Launceston focus groups, conducted during the second research phase, explicitly endorsed this program as one obvious way of helping to increase access to local informal community resources for youth in recovery. The PHaMs initiative is explicitly framed as a means of facilitating recovery and social inclusion for individuals living with severe mental illness, by linking individuals with a mentor or 'personal helper'. Anyone aged over 16, with or without a formal diagnosis of a mental illness, is potentially eligible for support. Mentors are expected to assist with a range of recovery-oriented activities and processes including the development of life skills like financial management; access to essential public services like health care, education and transportation; fostering of closer social and family relationships including help with resolving interpersonal conflict; as well as assistance accessing 'community activities' that individuals may wish to participate in (see FaHCSIA 2010, pp.5–11).

At present, as PHaMs is implemented around the country, the program is mostly being offered via community mental health services and so it is unclear how closely the program is aligned with the delivery of housing programs, if at all. Given the goals of the PHaMs scheme, it would nonetheless seem that the program is an ideal vehicle for assisting youth living with a mental health problem to identify and access a wider array of informal community resources in their own neighbourhood or region. Without using the kinds of concepts and language used in this report, the PHaMs scheme is ostensibly concerned with enhancing people's access to informal community resources to help them to achieve meaningful personal goals; to assist with the promotion of social inclusion and community participation; and to support an individual's personal recovery journey. All of this suggests that an infrastructure or program logic already exists that can support the design and delivery of programs to support young people's access to informal community resources to enhance their housing security, social inclusion and recovery. Certainly we would support the ongoing development of the PHaMs program as a way of further enhancing access to informal community resources for young people recovering from a mental illness.

In the focus groups held in both Melbourne and Launceston, a number of participants familiar with mental health care design and delivery, particularly in the Psychiatric Disability Rehabilitation and Support (PDRS) sector, noted that there already exists a range of peer mentoring programs in addition to the PHaMs scheme in Victoria and Tasmania, which support social inclusion, even though such programs are typically underfunded, or entirely unfunded.

Participants indicated that many community mental health services have key workers and other support staff working with mental health 'consumers' on the development of informal social inclusion activities like 'coffee clubs', community gardens, walking clubs, activities and interest-based social clubs, cooking classes including 'community kitchens', book clubs and so on. In each instance, these sorts of activities were generally presented as recovery-oriented peer support and/or social inclusion activities.

Reflecting on the findings generated in our study, focus group participants noted that peer support activities in the PDRS sector are rarely evaluated and typically subside if the lead staff member is promoted or moves to other employment. It follows that programs are typically offered informally, as ideas are generated within a group of consumers and last for as long as their enthusiasm for proposed activities endures. While many focus group participants acknowledged that this informality is often a reflection of consumer's preparedness (or capacity) to participate in structured activities, it was also acknowledged that these kinds of informal social inclusion activities are rarely funded directly. More commonly, such programs are organised by one key staff member for whom the job of organising the group is but one of a large number of complex responsibilities.

Focus group participants added that the results generated in the first research phase provide a novel evidence base, both to validate the effectiveness of existing social inclusion efforts in the community mental health and PDRS sector, and to support program innovation in the design of new peer support activities. A number of other participants also spoke of the importance of combating the tendency in much social inclusion work in the mental health sector to over-emphasise the importance of economic participation, either in terms of work or training. Without denying the importance of work and education in promoting social inclusion for youth in recovery, focus group participants insisted that social inclusion must also involve some greater sense of community belonging, meaning and purpose. These participants strongly endorsed the idea that social inclusion for youth in recovery must involve more than a job or training, and thus offered some support for our conclusion that social inclusion also requires increased access to informal community resources as well as the important support provided via formal resources.

Beyond the mental health and PDRS sector however, it is not clear how extensive initiatives to foster social inclusion are in the specialised housing support sector. It certainly appears from the tenor of focus group discussions in each site that informal social inclusion activities are reasonably well developed in the mental health sector, albeit less common in the housing sector. Nonetheless, we would argue, along with our focus group participants, that the kinds of informal social inclusion strategies that are reportedly common in the PDRS sector also have great potential to support the work of promoting the experience of housing security for youth in recovery, especially in areas where mental health and housing strategies are not well integrated or coordinated.

Beyond arguing for greater coordination of mental health and housing efforts across the country, focus group participants mostly agreed that one effective way of promoting social inclusion for youth in recovery may well be to devise strategies (like the PHaMs program) for increasing young people's access to informal community resources. Yet this, of course, introduces the problem of how informal community resources might be identified in the first place, such that access to them might be enhanced. We would argue that many of the methods used in this project, such as the mapping exercise and the photographic task, could be employed in a housing peer support setting to help youth in recovery to identify informal resources and 'enabling

places' (Duff 2012) in their own communities. Peer mentors could then assist with the task of enhancing the quality of an individual's existing social, material and affective resources, and to open up access to novel sites for the cultivation of these informal resources.

The overarching goal ought to be the identification of strategies to help individuals living with a mental illness to gain access to a wider array of high quality informal resources in their own communities. Such a goal conforms to the broader principles of social inclusion and community participation that drive housing and mental health care delivery in many Australian jurisdictions (see ASIB 2009; Boardman et al. 2010). The project has again confirmed the significance of community participation in promoting housing security and recovery for individuals living with a mental illness. In further clarifying the nature and significance of informal community resources, and the kinds of local places in which such resources are generated, the project also suggests a basis for scaling up consumer led initiatives to support the everyday work of recovery and social inclusion in the community, and to enhance housing security for youth living with mental illness. This finally suggests the need to develop more effective means of integrating young people's access to formal and informal resources in their community.

8.3   Linking formal and informal community resources

Despite generally endorsing the importance of informal resources in supporting housing security for youth in recovery, a number of participants in the focus groups noted that our project also strongly indicated the significance of formal housing supports, like public housing and supported accommodation and assistance programs (SAAP). In making these kinds of points, participants mostly stressed their concerns about the 'housing affordability crisis' that confronts many youth living with mental health problems, and the sense that such youth simply cannot afford to enter the private rental market. Others lamented the apparent shift in government service provision from investment in public housing stock to support for private rental subsidies. Some argued that this shift has only exacerbated Australia's housing affordability problems. As one participant in the Melbourne focus group observed:

> For me this is a really strong policy issue because we no longer really have many programs left here [Melbourne] that put people [who have mental health problems] into public housing. I mean we really don't have affordable housing in Melbourne anywhere anymore. Increasingly, we've got to have programs to supplement market rent because even with commonwealth rent assistance, which is supposed to be the one big thing that will increase housing affordability, it's [housing] no longer affordable on the DSP [disability support pension]. You need so much more to make housing affordable and if it's not affordable it seems to me it's likely to be unstable. So if you're paying more than you can afford, at some point you have to decide do I pay the rent or do I risk getting chucked out because I've got to pay for food or whatever else it is.

Discussions of housing affordability generally endorsed the view that stable, secure housing is the most important factor in young people's recovery from mental illness, and their wider experience of social inclusion (or exclusion). Some focus group participants expressed concern that our focus on informal community resources might come at the expense of an adequate understanding of the role of formal resources like public housing and supported accommodation. The risk is that the argument for greater investment in public housing to support youth living with mental illness might be overlooked or ignored. Certainly it is important therefore, to reiterate the point that despite their support for our research findings, and the sense that informal community

resources have hitherto been largely ignored in the design of housing supports for youth in recovery, a significant number of focus group participants argued for increased funding for dedicated public housing for youth in recovery.

Taking issue with our conclusion that the community may well be a more important source of informal resources than hitherto imagined, other focus group participants in Tasmania worried that our project was too quick to emphasise the informal community resources ostensibly available in wealthy communities, risking the conclusion that all communities avail such resources, even those characterised by enduring economic and political disadvantage. One other participant made a similar point in relation to our treatment of social inclusion, noting that by focusing on individual mental health consumers, we had unfairly overlooked the 'social and structural determinants' of social inclusion or indeed social exclusion. This participant went on to say that:

> I just wanted to make a point about who is responsible for social inclusion, who's really responsible for creating a socially inclusive community. I'm not sure that it's particularly helpful to talk about that from the point of view of young people with mental health problems. I think it's great that you've uncovered all these things that people do to increase their social inclusion, all the informal resources that we've been talking about, but I really think that we should be talking about social inclusion from the point of view of perhaps community responsibility, government responsibility.

In light of such remarks, it is worth noting that many focus group participants emphasised the importance of formal resources, and the role of governments and other 'formal' service providers in promoting housing security and social inclusion for youth in recovery. Others, however, argued that the point was not to decide which of either formal or informal resources was more important in generating housing security. Rather the point was to discern the *right mix* of formal and informal resources required to support stable housing for youth. As a participant in Melbourne added:

> I think that formal resources in housing are necessary to support the informal resources we've been talking about, but I still think that those formal housing resources need to be there and they probably need to be strengthened. Then again, I probably have to concede that here in Victoria the funding streams can sometimes present barriers for consumers accessing or developing informal resources. Now I know that this is controversial, but I think if a person was to get their own package of funding and was able to use that to develop some of those informal resources, like getting their hair done or joining a soccer club, I think that would be a way of developing or supporting some of those informal resources to support recovery.

The allusion here to the imminent introduction of individualised funding models for mental health service delivery in Victoria inspired some interesting discussion. A number of participants supported the view expressed above that individual funding may well lead to service innovations along the lines mooted above. Ostensibly, individualised funding in which consumers can decide for themselves, at least to some extent, how available funding might be spent in the service of their recovery, would seem like a neat complement to service innovations like the PHaMs scheme. A number of participants then added that allowing consumers more say over how funding is spent may facilitate better coordination between formal and informal resource allocation or utilisation. And so, if a PHaMs mentor and a consumer together decided that his or her recovery, social inclusion and/or housing security goals might be best served by purchasing football boots such that he or she could play in a community football competition, or by purchasing a season pass to a local gym or yoga studio, then this may well be an ideal way of leveraging informal resources in

one's community. Participants in these discussions were more inclined to endorse the complementarity of formal and informal resources, rather than draw sharp distinctions.

Taking up these ideas, a number of participants in both Melbourne and Launceston spoke of the idea of a transition back and forth between formal and informal resources. On the one hand, two participants in Melbourne stated that this idea seemed to be implicit in much formal service delivery in Australia, both in mental health and in housing programs. That is to say that most youth housing and mental health programs appear to work from the assumption that the provision of formal resource support for youth in recovery will be strictly time limited, either because of limited resources, limited capacity (i.e. finite case loads), or because individuals will be expected to 'transition' out of services given their age or eventual recovery. And so as people get better, find their own place, age out of a service or voluntarily withdraw from the program, the provision of formal support is limited. Still, the point advanced in focus group discussions was that most services seem to assume that as people's health or housing situation improves, and the need for formal resource support diminishes, people's access to informal resources increases (in line with their improving health and/or recovery), thus compensating as it were for the withdrawal of formal resources.

The trouble however, as focus group participants put it, is that this assumption is rarely tested. The assumption is rather that as youth are put into more stable housing their experience of social inclusion must improve also, leading to greater access to social resources and/or family support and hence less need for formal support. While certainly as the youth participants in our first research phase attested, this is often the case, it is far from uniformly true for all youth in recovery. Besides, as formal supports are withdrawn, there is reportedly rarely scope to 'check in' with youth six or twelve months after they have been placed in housing to ensure that they are indeed accessing other informal forms of supports. It is apparently more typical for a support worker to retain contact with youth clients for a couple of months and then slowly withdraw support as other more pressing cases are presented.

In contrast to this kind of experience, discussions in Melbourne and Launceston emphasised the need for greater coordination in the mobilisation of formal and informal resources to support housing security for youth in recovery. Participants reported that ideally, formal supports for youth in recovery would only be withdrawn once it had been demonstrated that such youth had indeed increased access to informal resources in ways that may more or less compensate for the proposed withdrawal of formal supports. Participants added that this would require better, more refined ways of identifying, measuring and/or assessing informal community resources, and the ways they are used in support of young people's recovery, housing and social inclusion. While no such measures currently exist, focus group participants agreed that our study should at least provide some basis for creating basic measurement tools that might later be refined in the field. It was further reported however, that it is equally important to check over time that young people's access to informal resources has been sustained; particularly once more formal resources have been withdrawn.

Rather than make definitive assessments about an individual's need for formal resource support, it was argued in the focus groups that mental health and housing service providers need ways to quickly assess individual's service supports at different time points such that they can make assessments about the right mix of formal and informal resources required to support an individual's housing and/or recovery needs. This way, the provision of formal resource support may be scaled up or increased at times of elevated housing or personal stress for individuals—at times

when presumably that individual's access to informal resources is compromised—and then later withdrawn as appropriate as a young person's health improves, their housing problems are resolved or they report that their access to informal resources has once again improved. This suggests a model of quickly and efficiently moving back and forth between the provision of formal and informal resources, modifying the precise balance or mix of resource supports, consistent with a young person's individual requirements at any one time. It is possible that the shift to individualised funding models in mental health care may facilitate this kind of vision of service supports, although some focus group members worried that individualised funding may lead to service fragmentation with subsequent differentials in the quality of services offered to support individuals from one community to another.

8.4   Implications for housing policy-makers and practitioners

By way of brief summary, housing policy is generally focused on what can be termed formal material resources, and for this reason there is often less focus on the quality of relationships between service providers and tenants, or indeed the informal relationships that tenants themselves develop in and with the communities in which they are housed. The present project highlights how assisting vulnerable young people manage the transition from homelessness to secure accommodation requires intensive support and attention to the different stages of recovery, just as it requires a keen awareness of the social, affective and material dimensions of housing security.

This in turn, suggests four enduring lessons for housing policy-makers and practitioners. To begin with, the most successful strategy to assist recovery and to enhance housing security for youth in recovery is likely provided in intensive case management, in which the housing worker establishes a relationship of trust and sensitivity to the lived experience of youth in need. Our research confirms what is well known in the field that it is often this informal sense of 'trust' which is most valued by clients using homeless services.

Second, in placing youth in recovery in supported accommodation or transitional housing, and/or in supporting access to private rental markets, housing procurement policies need to take greater account of local amenities, access to essential services like transport and the availability of public space. In recent years, because of funding constraints and rising housing costs, much of the stock available for youth in recovery tends to be in areas poorly served by essential services, with few opportunities for promoting social inclusion for new residents. Individuals who feel vulnerable and isolated often struggle to establish a sense of home in these areas. Our research provides evidence that the transition to recovery often requires individuals to make connections with their neighbourhood and establish a positive sense of place and community in order to develop some enduring sense of housing security.

Third, there is solid evidence from the study to suggest that housing and mental health support workers should seek to build upon the 'individual' narratives that are constructed by clients in their efforts to forge positive relationships to people and places in their communities. The analogy of a 'journey to recovery' offers a metaphorical pathway to establish a basis for trust and mutual respect. The young people who volunteered for the study generally reported that they found the interactions and discussions in relation to home and neighbourhood valuable and uplifting.

Finally, there are good grounds to claim that housing organisations should emphasise, far more than they currently do, the informal aspects of community support and social inclusion over and above the bureaucratic reporting mechanisms that are currently in vogue. Indeed, it is likely the case that the informal pathways to social inclusion,

recovery and housing security available in young people's communities are at least as important over the longer term as the formal ones.

8.5   Gaps in knowledge and future research

While this project has focused on the ways that young people with mental health problems can be assisted by housing and mental health agencies in their 'journey to recovery', there remains a number of gaps in knowledge both practical and theoretical that the present study did not address.

First, there is scope to track how young people at risk of homelessness manage their mental health condition over a longer duration in order to better judge the efficacy of existing housing interventions.

Second, we know relatively little of how housing and/or mental health staff understand their role and how they use their existing knowledge, skills and experience to support youth accessing care to cultivate informal relationships in their communities along the lines canvased throughout this report. Some questions that require further investigation include:

→ What are the impediments that undermine successful housing interventions for youth living with mental health problems?

→ What kinds of formal or programmatic support do youth themselves regard as the most effective means of promoting social inclusion, recovery and/or housing security?

→ What are the best ways to improve the quality of support/client interaction in both housing and mental health settings?

→ How can insights gathered in the study of young people's recovery from mental health problems be transferred into the housing policy domain, and the study of young people's experience of housing security?

Finally, is there a risk that the attempt to mobilise informal resources (and/or to better coordinate the integration of formal and informal resources) may undermine the efficacy of these resources? With regard to theory, there is clearly scope to consider how social policy research can learn from more philosophical understandings of home, place, belonging and wellbeing. Housing research has generally considered only the symbolic and representational dimensions of home and place rather than its relational impact. As our project confirms, there is considerable opportunity for housing researchers to integrate the insights from disciplines such as anthropology and philosophy both of which have considered the affordances provided by both material objects and place for generating a more sustained sense of individual identity, health and wellbeing.

8.6   Summary

In this concluding chapter we have drawn together the key research findings derived from the project, focusing in particular on the ways youth in recovery reported to draw on informal social, material and affective resources in their communities (see Table 1 in executive summary). On the basis of these data, we made an argument for expanding our understanding of housing security to encompass a range of social and affective domains, in addition to more familiar material or practical considerations. Indeed, we argued that housing security ought to be understood as a social, material and affective process that youth must constantly work at to maintain some sense of belonging in place. We argued further that this work has both direct and indirect impacts on participant's lived experience of stable, amenable housing.

We then turned from the work of summarising key findings to consider some of the mental health and housing policy and program delivery implications of these findings (also summarised in Table 1). Reflecting on discussions generated in the focus groups conducted in the second phase of the project, we noted that there ought to be a role for community-based mental health care and housing service providers in brokering young people's access to informal social, material and/or affective resources in their own communities. Noting significant differences in our participants' reports of their access to informal resources, and the efficacy of these resources in support of young people's experience of social inclusion and housing security, we concluded that strategies are urgently needed to assist youth in recovery to gain access to a wider range of high quality informal community resources to support their housing security.

We suggested that emerging programs like the PHaMs scheme may well provide a suitable infrastructure to support the design of novel strategies for helping youth in recovery to access informal community resources in their local area, and to sustain this access over time. This led to some discussion of the value of greater integration of formal and informal resources in support of youth in recovery. Acknowledging the range of views presented by our focus group participants, we concluded that there appears to be some merit in coordinating the provision of formal and informal resources and supports for youth in recovery, noting that the shift to individualised funding models may well support this goal. Our principal research finding and housing policy implications are summarised in Table 1.

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APPENDICES

Appendix 1: Participant information form

MONASH UNIVERSITY LETTERHEAD

INSERT DATE

Explanatory Statement

Title: The role of informal community resources in supporting independent housing for young people recovering from mental illness: A guide for housing policy-makers and practitioners.

This information sheet is for you to keep.

My name is Dr Cameron Duff and I am conducting a research project in partnership with other researchers here at Monash University (Professor Shane Murray and Ms Naida Alic) and from the University of Tasmania (Professor Stephen Loo and Associate Professor Keith Jacobs).

This research is funded by a grant from the Australian Housing and Urban Research Institute. You have been invited to participate in this research because you are aged between 18–30 years and have self-identified as being in recovery from a mental health problem. You will not be able to participate if you are not fluent in English. You should not feel under any pressure to participate. Your decision regarding whether or not to participate is entirely up to you. The aims of the study are to:

→ Identify the places and informal resources, relationships and supports that help young people recovering from a mental health problem to maintain stable housing.

→ Identify the various ways youth recovering from a mental health problem utilise these informal resources and relationships in support of stable housing.

→ Identify ways that these resources might be used more effectively to help young people in recovery access and maintain stable housing.

What does the research involve?

This research involves four separate research activities. We would prefer you to complete each of these four activities, however you may choose to participant in all or some of these activities as you wish.

The first activity will involve a face-to-face meeting of 60–75 minutes duration in which the research project will be described and you will be invited to complete the consent form if you want to be included in the study. This meeting will also involve a short mapping exercise in which you will be asked to identify the most important features of your community, noting the places, settings, people, relationships and community resources that support recovery and help to support stable housing and community belonging for youth in recovery.

The second research activity will comprise a short walking tour of the various sites identified in the map you completed in the first session. You will be asked to talk more about the parts of your community that support or promote stable housing and promote recovery. This walking tour will likely take 1–2 hours to complete. If you approve, I will audio-tape parts of our discussion during this walk and I may take some notes, unless you do not want me to.

The third research activity will involve the collection of a photo-journal of your local community, including places, settings, people, relationships, activities and so on that are thought to support recovery from mental health problems and support stable housing for youth in recovery. If you do not have your own camera a disposable camera will be provided for you. You will be given two weeks to complete this task.

In the fourth and final research activity, you will be invited to complete a face-to-face interview to discuss the photographs included in your photo-journal and to reflect more broadly on the role of the community in promoting housing, recovery and social inclusion. It is likely this final interview will take 60–90 minutes to complete. If you approve, I will audio-tape this interview and I may take some notes, unless you do not want me to.

Possible benefits

Participating in this study may remind you of the good things about your community—about the people, places and activities that make up your community and their role in promoting recovery from mental illness. Hopefully you will enjoy the walking tour and photographic task, and you will be able to keep the photographs that you have taken.

The findings of this study will contribute to our knowledge about the role of the community in promoting recovery from mental illness and helping people in recovery to access and maintain stable housing. The research will also have implications for the treatment of mental illnesses, especially for young people who no longer receive clinical care. You will be offered a $100 store gift voucher for participating in this study. You may also be reimbursed for your traveling expenses if necessary.

Inconvenience/discomfort

Apart from the time commitment for meetings with the researcher and completing the tasks described in the instruction sheet, this research is not likely to cause inconvenience or discomfort beyond the normal experience of everyday life.

Because some of the questions in the final interview are personal in nature, you might feel uncomfortable. If this happens, we will stop immediately and support will be provided to you. We can also arrange a referral to a support service or a general practitioner if you wish. A list of counselling services, contact numbers and useful websites is supplied with this form. Also, if you encounter any form of difficulties taking photographs, it will be okay to stop and simply send us what you have.

Can I withdraw from the research?

Participation in this study is voluntary and you are under no obligation to consent to participate. You may withdraw from the study at any time without penalty and all your photographs and interview data will be removed from the study.

Confidentiality

When we publish the research findings, we will not identify you in any way. To protect your privacy and confidentiality we will invite you to select your own personalised participant code—like a nickname or a number if you prefer—which we will use to store your information. Identifying information will be stored in a secure location, separate from the research data. Furthermore, photos where individuals can be recognised will be digitally manipulated to make sure that individuals cannot be identified.

Because this research aims to provide important insights regarding the role of community life in promoting recovering and improving stable housing for young people recovering from a mental health problem, we hope to present our research findings at

conferences, in journals and book chapters. You will be asked to consent to this in the consent form if you like.

Storage of data

The storage of all research data will adhere to Monash University regulations. Data will be kept on University premises in a locked filing cabinet for seven years. A report of the study may be submitted for publication, but individual participants will not be identifiable in such a report.

Results

If you would like to be provided with a summary of the research findings, please contact Dr Cameron Duff on 03 9903 4506. The findings will be known in approximately 12 months time.

If you would like to contact the researchers about any aspect of this study, please contact the Chief Investigator:	If you have a complaint concerning the manner in which this research <insert your project number here> is being conducted, please contact:
Dr Cameron Duff School of Psychology and Psychiatry Monash University PO Box 197, Caulfield East Victoria 3145 Phone: (03) 9903 4506 Email: cameron.duff@monash.edu	Executive Officer Monash University Human Research Ethics Committee (MUHREC) Building 3e Room 111 Research Office Monash University VIC 3800 Tel: +61 3 9905 2052 Fax: +61 3 9905 3831 Email: muhrec@adm.monash.edu.au

Thank you for your interest in this research.

With regards,

<insert signature>

Dr Cameron Duff

Chief Investigator and Monash Fellow

Monash University

Appendix 2: Participant consent form

MONASH UNIVERSITY LETTERHEAD

INSERT DATE

Consent Form

Title: The role of informal community resources in supporting independent housing for young people recovering from mental illness: A guide for housing policy-makers and practitioners.

NOTE: This consent form will remain with the Monash University researcher for their records

I agree to take part in the Monash University research project specified above. I have had the project explained to me, and I have read the Explanatory Statement, which I will keep for my records. I understand that agreeing to take part means that:

I agree to participate in a mapping task to map the features of my community that are important to me.	☐ YES	☐ NO
I agree to participate in a walking tour of the places listed in my map.	☐ YES	☐ NO
I agree to complete the photographic tasks specified in the instruction sheet.	☐ YES	☐ NO
I agree to be interviewed by the researcher about my experience of recovery, housing and community integration.	☐ YES	☐ NO
I agree to allow this interview to be audio-taped.	☐ YES	☐ NO
I agree to the researcher taking notes during our meetings.	☐ YES	☐ NO
I agree, that if a person does not provide permission for me to take a photograph, I will not take it.	☐ YES	☐ NO
I agree to abide by instructions regarding privacy and confidentiality around taking photographs of other people and of public places.	☐ YES	☐ NO
I agree to have a further interview, if required.	☐ YES	☐ NO
I agree to be contacted by the researcher, if necessary, regarding research findings being used for other purposes other than those listed on the explanatory statement.	☐ YES	☐ NO

and

I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalised or disadvantaged in any way.

and

I understand that, if I face any difficulties taking photographs of places, people or activities that signify recovery, I can discontinue the task, and instead, discuss the photographs during the final interview that I would have liked to take.

and

I understand that any data that the researcher derives from the mapping activity, the walking tours, photographs and interviews for use in reports or published findings will not, under any circumstances, contain names or identifying characteristics.

and

I understand that I will be given a transcript of data concerning me for my approval before it is included in the write up of the research, if I so request this.

and

I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party.

and

I understand that I can select my own personalised nickname for the report findings.

and

I understand that data from the mapping activity, the walking tours photographs, interviews and audiotapes will be kept in a secure storage and accessible to the research team. I also understand that the data will be destroyed after a seven-year period unless I consent to it being used in future research.

Participant's name: _____

Participant's signature: _____

Date: _____

Appendix 3: Interview questions (Phase one)

HOUSING, RECOVERY AND SOCIAL INCLUSION

1. Thank you once again for meeting with me. Do you have any questions for me before we start?

2. What do you understand about recovery from mental illness?

3. If you were to describe it to someone else what does recovery mean for you?

   PROMPT: Has this understanding changed over time? What has recovery meant?

4. Do you think you have experienced personal recovery?

   PROMPTS: What does that mean for you? How long has that taken?

5. I want to turn now to your housing experiences. Can you briefly describe how you came to be living where you currently live?

   PROMPT: Can you tell me a little bit about where you were staying before you moved into your current home?

6. What do you like about living where you are now?

   PROMPT: How does this place compare with other places you have lived?

7. Is there anything you don't like about living here?

8. What about your plans for the future? Do you think you will stay where you are now or do you see yourself moving somewhere else in the next little while?

9. Thinking now about the photographs you produced for this project, can you please describe what these photographs show?

10. How do the places/objects/scenes in these photographs signify recovery to you?

11. Which photographs best show what recovery means to you?

    PROMPT: How and in what ways do these photographs do that?

12. What about home and community? Do you have any photos that depict any feelings you may have about these things?

13. What about the photos you took of your 'favourite' places? Can you talk about these photos?

    PROMPT: Do these places help to improve your mood or make you feel better?

14. What properties or qualities do these places have that attracted you to them?

    PROMPTS: What do these places mean to you?

    What sorts of things do you like doing in these places?

15. Did you face any difficulties in taking your photographs?

16. Were there any photographs regarding your favourite places, home and recovery that you did not manage to take?

    PROMPT: In other words, what kinds of photos would you have liked to have taken but didn't?

17. Is there anything else you'd like to discuss? Do you have any questions for me?

Thank you once again for taking part in this research. Your time and effort have very much been appreciated.

Appendix 4: Indicative focus group themes

Thanks for coming along to the session today, having read the brief summary of the research findings we sent to you, we'd like to start with a discussion of these findings.

→ What do people think about these findings? What was interesting about them, surprising, etc.?

→ What about problems or questions? What else would you like to know about this study?

→ We would now like to turn to discuss the idea of 'informal community resources' and their role in promoting recovery and social inclusion.

→ Let's discuss the key informal resources described in the research summary.

→ What about the relationship between formal and informal resources?

→ How do people think that informal community resources might be used in the development of innovative housing, recovery and social inclusion programs for youth living with a mental illness?

→ Do people foresee any problems with this idea?

Thanks for your time!

AHURI Research Centres

AHURI Research Centre—Curtin University

AHURI Research Centre—Monash University

AHURI Research Centre—RMIT University

AHURI Research Centre—Swinburne University of Technology

AHURI Research Centre—University of New South Wales

AHURI Research Centre—University of Queensland

AHURI Research Centre—University of Tasmania

AHURI Research Centre—University of Western Australia

AHURI Research Centre—University of Western Sydney